



Water Park and Alpine Slide

Wednesday, July 12, 2017

9am to 5 pm

*Friends and Family
Welcome!!*

Family of Christ Youth Grades 6-12

Cost: \$30 includes a Super Day Pass for all wet and dry rides and transportation.

Bring a sack lunch (a cooler will be available) or money for lunch and snacks at the

Join us at **Wild Mountain** for a day of fun! Wild Mountain, located near Taylors Falls, features the all new Adventure Island, with 4 **Waterslides**, hydro-fountains, a cargo climbing net, water cannons and bubblers! Relax while floating the 800-foot **Lazy River**, or race down one of two 1700-foot **Alpine Slides**. Check out the **Formula K Go-Karts!**

Meet at FOC at 12 noon and return at 5:00 pm.

*****Detach and return to the church office by Sunday, July 1, 2017*****

Wild Mountain Water Park and Alpine Slide Wednesday, July 12, 2017



Name: _____

Student /Grade: _____ or Adult _____

Phone # _____

Email: _____

(For Event Confirmation and final details)

Cost: \$30 includes Super Day Pass and Transportation

Form of Payment:

\$ _____ Cash
\$ _____ Check # _____
\$ _____ Individual Youth Account
Name: _____
\$ _____ Total Payment Enclosed

Is Parent willing to participate as a chaperone? Yes _____ No _____

Chaperone Name: _____

Phone #: _____

Please Note: Each Participant must sign the Permission and Release Form on the back of this page.

Permission and Liability Release (Signatures Required)

To whom it may concern:

The undersigned does hereby give permission for our (my) child listed on this form, _____
to attend and participate in activities sponsored by FAMILY OF CHRIST LUTHERAN CHURCH at Wild Mountain on July 12, 2017)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I further release FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FAMILY OF CHRIST LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Family of Christ.

Signature of Parent/Guardian

Date

Signature of Participant

Phone # where Parent can be reached on 7/12/2017 _____