SEM
BUFFALO SEMINARY
EST. 1851

Buffalo Seminary Special Activity Permission Form
Senior Class Trip to Holiday Valley Resort, Ellicottville, NY

Date:	September 3-4, 2019
Cost:	$120 for hotel, activities, transportation, Tuesday dinner & Wednesday breakfast. Students should bring money for lunch on Wednesday. Fee will be billed to student accounts.
Description:	Students will participate in group leadership activities on Tuesday night and go to the Sky High Adventure Park on Wednesday morning.
Hotel:	Inn at Holiday Valley, 6557 Holiday Valley Road, Ellicottville, NY
Phone:	(716)699-2345
Travel:	Transportation is provided by bus. Students are to meet at SEM by 4:45 PM, Tuesday, September 3, for 5 PM departure. Students will return to SEM at approximately 3:00 PM, Wednesday, September 4.

I commit to following the SEM Honor Code. Attending this event is a privilege I keep through my continued academic success and honorable behavior. I will respect rules and curfews set by chaperones of this trip.

Student Name: Date:

Signature:

I/We hereby provide consent for the student named above to attend the senior class trip. I/We, individually and on behalf of the student, release Buffalo Seminary, any employees thereof, and any volunteers accompanying the trip from any and all claims, liabilities, demands, payments, and actions (including, but not limited to, personal injuries, actions for death, and medical expenses and actions for loss or damage to my child's property), directly or indirectly resulting from transportation to and from and participation in the trip described. I/We understand that there are normal risks of travel and participation in this trip and as a parent or guardian, hereby assume the risk of any injury to my child however caused and whether by negligence or otherwise.

Parent/Guardian Name: Date:

Signature:

Phone:

Attached please find the following release form to be completed and returned with this permission slip to the Main Office by Friday, August 23, 2019:

- Sky High Adventure Park Assumption of Risk Agreement

Sky High Adventure Park
ASSUMPTION OF RISK AGREEMENT
PLEASE READ CAREFULLY
THIS MAY AFFECT YOUR LEGAL RIGHTS

1. Express Assumption of Risk.
I understand that participation in the Adventure Park activities involves significant risks of serious injury or death from, including but not limited to, falling or slipping, impacting man made or natural objects or being impacted by such objects, equipment malfunction, adverse weather conditions, natural elements, including, but not limited to, trees, rocks, stumps, and uneven terrain, dizziness, fatigue, encounter with insects or animals, contact with other participants, physical exertion, and falls. I acknowledge that I have sufficient skills and am in adequate physical condition to participate in these activities.

2. Participation of Minor.
I am the parent or guardian of the minor on whose behalf I have signed this agreement. I have explained the risks inherent in the Adventure Park activities to my child in an age appropriate manner and he/she has acknowledged that he/she understands and accepts those risks.

3. Right of Privacy Release.
I agree to the photographing, filming or videotaping of my appearance while visiting Holiday Valley and the reproduction of such materials by Win-Sum Ski Corp. and its corporate affiliates ("Holiday Valley") for Holiday Valley's marketing materials ("Materials").

I agree that Holiday Valley is, and will be, the sole owner of all rights in and to the Materials and the reproductions thereof. Holiday Valley shall have the right, among other things, to reproduce the Materials one or more times for any and all lawful purposes, including the promotion of Holiday Valley's business. Holiday Valley shall also have the right to use my name, portrait, picture and biographical material for such purposes.

I agree to hold Holiday Valley and any third parties harmless against any liability, loss or damage, including reasonable attorneys' fees caused by, or arising from, the photographing and reproduction of my appearance for the Materials.

4. Effect on Legal Rights.
I have read this agreement carefully and understand its contents. I have read this agreement to my child and he/she has acknowledged that he/she understands its contents. I am aware that the agreement includes an express assumption of risk. I understand that this agreement may affect legal claims for damages in the event of death or any injury to me or my child. I acknowledge that any questions I or my child have about this agreement or the risks inherent in participating in the Adventure Park activities have been answered to my and my child's satisfaction. I have signed this document of my own free will.

5. Controlling Law/Venue.
I agree that the terms of this agreement are binding on me and my child and shall be governed by the Laws of the State of New York. I also agree that any legal action relating to my or my child's participation in the Adventure Park will be brought in the New York State Supreme Court, County of Cattaraugus or the United States District Court for the Western District of New York.

Date:_____

Participant's Name _____ **Signature:**_____

Address: _____

Email (Accurate emails rewarded with future discounts): _____

In case of emergency, notify:_____ **Emergency/Cell Phone:** (___) _____

Age (if Minor)_____

In case Participant is below 18 years of age:

_____ _____
Print Parent/ Guardian Name **Signature**