

# Red Cliff Youth Center's High School Trip to the Haunted Shack, Duluth MN

## Trip Details

**Location** Haunted Shack, Duluth MN  
*\*For: RC Youth in Grades 9th-12th*

**Date** Friday-October 21<sup>st</sup> & 22nd, 2016

**Time** 4:30p: Departing for Duluth  
 11:00p: Return to Red Cliff.  
 12am: Arrive in Red Cliff

**Transportation** Youth Center Van

**Contact** Red Cliff Youth Center Staff @ 715-779-3722

**Notes** Dinner will be paid for by the Red Cliff Family Service Division & Youth Services Department

## What to bring

- Suggestion: bringing a Sack lunch or snacks for the trip to duluth. (optional)
- Spending Money (Optional)
- Permission Slips/Waiver Forms**  
**Note: Youth Will not be allowed to travel with the Red Cliff Youth Center Unless all permission slips and Waiver/Release Forms have been completed and returned to the Red Cliff Youth Center Staff!**
- WARM CLOTHING:** Please dress for cold weather!!
- Note:** For Questions or Concerns, Please call the Red Cliff Youth Center Staff @ 715-779-3722



Cut off bottom portion of permission slip and return to youth center staff by **October 21<sup>st</sup>, 2016**

### Emergency Information

In case of emergency, please contact:

<b>Name/Relationship</b>	<b>Phone</b>

*Special Instructions: (\*Child's mobile phone number, if any):*

I give permission for my child, \_\_\_\_\_ to attend the Red Cliff Youth Center's High School Mall Trip on **October 21st, 2016**

I have signed and attached: \_\_\_ Waiver and Liability Form \_\_\_ Youth Agreement Form  
 \_\_\_ Copy of APPROVED Prearranged Absence School Form **(Required)**

X \_\_\_\_\_  
 Parent or guardian signature Date

# 2016 Dates & Times

		<u>Hayride Hours</u>	<u>Haunted Shack Hours</u>
Friday	October 14th	7pm—9:30pm	7:30pm—10pm
Saturday	October 15th	7pm—9:30pm	7:30pm—10pm
Thursday	October 20th	7pm—8:30pm	7:30pm—9pm
Friday	October 21st	7pm—9:30pm	7:30pm—10pm
Saturday	October 22nd	7pm—10pm	7:30pm—10pm
Sunday	October 23rd	7pm—8:30pm	7:30pm—9pm
Thursday	October 27th	7pm—8:30pm	7:30pm—9pm
<b>FINAL 2 NIGHT</b>			
Friday	October 28th	7pm—10pm	7:30pm—10pm
Saturday	October 29st	7pm—10pm	7:30pm—10pm

## **KIDS DAY / FAINT of HEART**

*Saturday October 29th 11am—1pm KIDS DAY FAINT OF HEART*

### PLAN ACCORDINGLY

Haunted Hayride starts 1/2 hour before the Haunted Shack and Hayride. Last wagon Leaves 1/2 hour before the Haunted Shack Closes to allow our volunteers to get back from the trails and the Haunted Shack closes at approximate times.

**NIGHT TIME SHOWINGS ARE NOT RECCOMENDED FOR KIDS UNDER 12 YEARS OF AGE.  
ALL KIDS UNDER THE AGE OF 16 MUST BE ACCOMPANED BY AN ADULT**

**PRICING: HAUNTED HOUSE & HAYRIDE TWO ATTRACTIONS FOR ONE LOW PRICE \$12 PER PERSON DONATION.**

**EXPRESS PASS: For an additional \$10 per ticket you can purchase an express pass which gets you to the front of the lines. See Express Line at the Venue.**

**DISCOUNTS:** (not valld with any other offers)  
Bring a non perishable food item and receive \$2 off.  
Bring a coat for the Northland Coat Drive Coats for Kids. Buy one ticket and receive the second ticket free.

### **SPECIAL KIDS DAY / FAINT of HEART DAY PRICING**

**Sponsored by**

**BEE HAPPY FAMILY DAY CARE & BUNNY PATCH DAY CARE**

**SATURDAY Oct 29th 11am—1pm. \$8 per person donation (5 & under free)**

**Treats will be handed out along the HAUNTED MAZE  
for the first 250 kids 12 and under.**

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in haunted house activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Haunted Shack & Hay Ride & Buffalo House and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that haunted house activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, objects or other participants; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

# Red Cliff Youth Center

## PARENT/YOUTH AGREEMENT FORM

ACTIVITY/EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_ WILL AGREE TO COMPLY WITH THE FOLLOWING RULES OF CONDUCT FOR PARTICIPATION WITH THE RED CLIFF YOUTH CENTER ACTIVITIES AND/OR FIELD TRIPS (YOUTH INITIALS REQUIRED):

1. I AGREE TO LISTEN TO THE TRIP COORDINATOR, SUPERVISORS, CHAPERONES AND INSTRUCTORS \_\_\_\_\_
2. I AGREE TO PARTICIPATE 100% \_\_\_\_\_
3. I AGREE TO BE RESPECTFUL \_\_\_\_\_
4. I AGREE TO BE ALCOHOL AND DRUG FREE WHILE INVOLVED IN YOUTH ACTIVITIES/TRIPS \_\_\_\_\_
5. I AGREE NOT TO VIOLATE ANY LAWS \_\_\_\_\_
6. I AGREE NOT TO USE TOBACCO PRODUCTS WHILE INVOLVED IN YOUTH ACTIVITIES/TRIPS \_\_\_\_\_
7. I AGREE TO FOLLOW ALL SAFETY RULES AND INSTRUCTIONS THAT ARE ADDRESSED PER ACTIVITY \_\_\_\_\_
8. I AGREE AND UNDERSTAND I AM LIABLE FOR ANY DAMAGES CAUSED BY MY MISUSE OF PROPERTY AND/OR EQUIPMENT \_\_\_\_\_
9. I AGREE NOT TO BE DISRUPTIVE TO ACTIVITIES \_\_\_\_\_
10. I AGREE TO HAVE FUN!!! \_\_\_\_\_

I HAVE READ AND AGREE TO FOLLOW THE RULES OF CONDUCT OF THE RED CLIFF YOUTH CENTER AND ACKNOWLEDGE THAT I UNDERSTAND ANY VIOLATIONS OF THE RULES OF CONDUCT AND SAFETY INSTRUCTIONS ARE GROUNDS FOR DISMISSAL FROM ANY ACTIVITIES OR EVENTS IN THE FUTURE.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone & Address: \_\_\_\_\_

**RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA**

**YOUTH CENTER**

**PERMISSION & RELEASE LIABILITY FORM**

Whereas, the undersigned (applicant) wishes to be accepted for participation in a trip/activity to be organized and conducted by the staff of the Red Cliff Youth Center, and permitted to participate in such a trip/activity- Haunted Shack on October 21<sup>st</sup> @ 2nd, 2016

The undersigned acknowledges the said trip/activity may subject the applicant to certain stresses and hazards, not all of which can be unforeseen. It is fully understood that the applicant may spend several nights away for certain trips/activities. Although precautions will be taken to protect the participant, it is understood that unforeseen circumstances may occur on the trip/activity for which the Tribe or the Red Cliff Youth Center cannot be held responsible. The undersigned applicant hereby releases the Red Cliff Band of Lake Superior Chippewa and its agents from liability for personal injury resulting from his/her participation in the trip/activity. With respect to any cause of action that might result applicants' participation in the trip/activity, applicant agrees to indemnify for the Red Cliff Band of Lake Superior Chippewa and its agents from any and all liability applicant may suffer and hold it harmless.

I understand that failure to obey safety regulations and directions of the trip leader and/or chaperones is grounds for prohibiting me from participating in other trips/activities sponsored by the Red Cliff Youth Center. I agree that I will not seek to hold the Tribe or its agents responsible for accidents resulting from the exercises of judgment by the trip leader in good faith and in response to emergencies which occur on the trip/activity.

I, \_\_\_\_\_ will agree to comply with the following rules of conduct for participation with the Red Cliff Youth Center activities:

1. I agree not use or possess any alcoholic beverages or controlled substances
2. I agree not to violate any laws
3. I agree not to use tobacco or cigarettes while involved in youth activities
4. I agree to listen to the trip coordinator, supervisors, chaperones and instructors
5. I agree to participate in youth activities

I have signed this contract with the Tribe and the Red Cliff Youth Center and acknowledge that I understand any violations of the rules of conduct and safety instructions are grounds for dismissal from activities in the future.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone & Address: \_\_\_\_\_