



Green Valley Church
Illuminate Student Ministries

PRESENTS: Fall Youth Retreat - **Woven Red**
October 7-9, 2016

Sponsoring Church:
Green Valley Church
3110 Cook Road
St. Joseph, MO 64506
816-279-3621
www.gvchurch.com
logandmerrick@gmail.com

Retreat Location:
God's Mountain Campground
14771 Old Hwy 59
Rushville, MO 64484

\$25.00 - Total due by 9/30

PLEASE PRINT CLEARLY & FILL OUT ALL SECTIONS

CONTACT INFORMATION

Male _____ Female _____ Age: _____

Name: _____ Birthdate: ____/____/____

Grade in School - Circle one: 6 7 8 9 10 11 12 Name of School: _____

Parent(s) or Guardian(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (Student): _____

Cell Phone (Guardian 1): _____ Cell Phone (Guardian 2): _____

Parent's Email Address: _____

Student's Email Address: _____

MEDICAL INFORMATION (Required for all participants)

Please Note: All information contained in this medical form will be held in confidence. We require this medical form in case of an emergency or if emergency medical treatment is necessary. Thank you for your cooperation!

Insurance Company Name: _____

Policy #: _____ Group #: _____

EMERGENCY CONTACT (in case above named parent or guardian cannot be reached):

Name: _____ Relationship: _____

Phone #: _____

Special Considerations: (Use a separate sheet of paper, if necessary)

Please list ANY allergies, food allergies or special conditions we should know about: _____

Please list any medications to be given at camp (along with written directions for dispensing)

(All prescription medications must be in the original prescription bottle with the student's information on the label):

Please see the reverse side for the Medical Release. Also, IF you did **NOT** attend summer camp, please include a copy of your medical insurance card (front and back) with completed registration and return to:

Green Valley Baptist Church, Attn: Illuminate Student Ministries, 3110 Cook Road, St. Joseph, MO 64506

**Waiver & Release - Green Valley Baptist Church - Illuminate Student Ministries
Summer Youth Camp, Eagle Rock Retreat Center, Eagle Rock, MO**

Consideration: I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child/student, will be involved through said participation.

Release/Indemnification: I hereby, in consideration of such benefits received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Green Valley Baptist Church, its host location property holder(s), its employees and volunteers from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my or my child's/student's participation in event activities. I agree to indemnify and hold harmless Green Valley Baptist Church, its leaders and volunteers and the host location property holder(s) where the above stated event shall take place for any such claims brought by me or a third party from any costs associated with defending or litigating such claims, including by not limited to attorney fees, costs and legal expenses.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Medical Emergency: In the event of injury or a medical emergency, (1) I give permission for Green Valley Baptist Church's adult leaders to pursue immediate medical treatment, (2) I release Green Valley Baptist Church, its adult leaders (both employees and volunteers) and the property owners of the location above stated event from any and all liability related to medical treatment. In addition, (3) I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all activities related to the above stated event.

Authorization Addendum: I acknowledge that during my or my child's/student's participation in the above stated event that certain risks do exist. These include, but are not limited to, the hazards of travel by automobile, the risks involved in recreation games, those risks existing at locations such as beach, lake or other waterway, and other hazards that could result in illness or the loss of life or property. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my or my child's/student's participation in the above stated event.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent that the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/mediation organization for binding resolution.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.
THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Youth Signature (if 18 or older): _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY:

_____ Date Received _____ Amount Received _____ Check # _____ Insurance Form Received