

**Hope's Youth Ministry
High School Retreat**

**Winterfest
2012**

February 24-26

At

**Refreshing Mountain Camp
Stevens, PA**

**Hope's Youth Ministry
PO BOX 914, 700 Cooper Rd.
Voorhees, NJ 08043**

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Cost ... \$125.00 for the entire 3 day weekend. Which includes 2 nights lodging at Refreshing Mountain Camp, transportation, all five of your meals at the camp and great worship and fun.

\$75.00 non-refundable registration due to Dave's mailbox in the office by **January 15, 2012**, all signed forms must be included with deposit. There is a \$15 fee for registrations received after this date.

Confidential Financial Scholarships are available—email dave@meethope.org for more information.

Balance is due no later than February 12, 2012.

What to bring . . .

- Bible, pen or pencil
- warm comfortable clothes (really, it will be COLD!)
- pajamas
- Sleeping Bag and Pillow
- toiletry stuff
- Gym clothes (they have a gym to hang out in)
- Games (to play during free time)
- Any Snacks that you may want

What NOT to bring . . .

- ANY electronics (iPods, Cell Phones, laptops, etc.)
- Drugs, alcohol, cigarettes, tobacco, fireworks (Duh!)
- Shaving cream (We expect to see hairy faces and legs!!)
- Balloons, etc.
- A BAD ATTITUDE

Important rules . . .

1. Love God with all your heart, mind, soul, and body.
2. Treat others the way you would treat yourself.
3. Relax, be flexible. No grumbling or complaining.
4. Smile alot.
5. Be nice to Dave!



Weekend Schedule

FRIDAY 2/24

- 6:30pm Meet at Hope Church (eat dinner **BEFORE** you arrive)
- 8:30pm Arrive, unload, unpack, get settled in
- 9:00pm Group Building Activity and Gathering
- 12:00pm Lights Out

SATURDAY 2/24

- 7:30am Get Out of Bed!
- 8:00am Breakfast
- 9:00am QT – individual **Q**uality **T**ime with God
- 10:00am Group Gathering
- 12:00pm Lunch
- 1:00pm Free Time
- 5:00pm Dinner
- 7:00pm Group Gathering, Activity, Group Game, Bonfire, etc.
- 12:00pm Lights Out

SUNDAY 2/26

- 7:30am Get Out of Bed!
- 8:00am Breakfast
- 9:00am QT – individual **Q**uality **T**ime with God
- 10:00am Group Gathering
- 11:30am Pack Up, Clean Up, Load up
- 12:00pm Lunch
- 2:30pm Arrive back at the Hope Church

RELEASE FORM FOR THE CAMP

Activities Release and Waiver Form (Side B)

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the described event(s) (as listed on Side A of this document) and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue RMC, its officers, directors, employees, agents, volunteers and affiliates (collectively, "the Released Parties") 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) participation in event activities (the "Claims"). I, my personal representative and/or my heirs, agree to indemnify and hold harmless the Released Parties for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses, and for any loss, liability or damage.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OF THE RELEASED PARTIES FOR ANY INJURY RESULTING TO MYSELF, MY CHILD, OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN PLANNING OR CONDUCTING THE EVENTS.

Assumption of Risk. I personally assume, on my behalf (and on my child's behalf), all risk in connection with participation in the above event(s) for any harm, property damage or personal injury, including death, that may result from participation in event activities, whether foreseen or unforeseen, whether caused by RMC's negligence or otherwise, and I still wish to proceed with the activities. I also certify that I understand the nature of the activities and my experience and capabilities and believe that I am qualified to participate in the activities. If I believe anything is unsafe, I will immediately cease or refuse to participate further in the activities.

Medical Emergency. I understand that RMC may not have medical personnel available at the site of the activity. I understand and agree that RMC is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that RMC assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

Understanding. THIS WAIVER AND RELEASE OF LIABILITY IS A LEGAL DOCUMENT WITH LEGAL CONSEQUENCES. I represent and acknowledge that I have completely read and understand this document and all its terms, 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 the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Group Name – Printed (optional)

Signature of Participant

Date

Participant's Printed Name

Date

Signature of Legal Father, Mother, or Guardian if participant is under the age of 18

Date

REGISTRATION FORM

Name _____

Address _____

Phone # _____

Current Grade _____ Gender _____

I agree to abide by the rules of Hope's Youth Ministry and Refreshing Mountain Camp. I understand that if I am unable to obey these rules I will be asked to leave and my parents will be responsible to provide transportation home.

Student signature _____

ALL SIGNATURES REQUIRED

CONSENT FORM

Hope United Methodist Church - Youth Ministry

Participant's Name _____

Age _____ Birth Date _____

To Hope's Youth Program:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate on the High School Retreat activities sponsored by Hope Church on February 24-26, 2012.

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 agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

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 Hope United Methodist Church.

Insurance Company _____

Policy # _____

Emergency Phone #'s _____ ask for: _____

_____ ask for: _____

Any allergic reactions? _____

Student's Signature: _____

Mother's signature/date _____

Father's signature/date _____

ALL SIGNATURES REQUIRED

Participant Disclaimer, Assumption of Risk and Waiver

(NOTE: this form should be signed and attached to all volunteer registration forms, event and activity registration forms and employment applications)

I declare that all the information given by me in this application/registration is true and complete to the best of my knowledge. I hereby give permission to representatives of Hope United Methodist Church ("Hope") to investigate and verify all information given in this application/registration form. I give my permission to have employers past and present, law enforcement, and personal references disclose information related to my fitness for service with Hope. I give consent to Hope to conduct a criminal background check and to review my driving records. I hereby release and agree to hold harmless Hope, its trustees, leadership team members, officers, employees and volunteers, and any person or organization that provides information for or to Hope concerning me, or any attempt to verify, the information provided in this application.

I agree that my application/registration may be denied for any reason, or no reason, and Hope reserves exclusive right to determine the fitness of its volunteers and employees. I agree that the Hope may deny my application, or terminate my service at any time with or without cause, and is under no obligation to disclose its reasons for doing so.

In consideration of being allowed to participate in any way in Hope's programs, activities and events, the undersigned acknowledges, appreciates, and agrees that:

1. Certain programs, activities and events (including, but not limited to work groups and construction projects, sports activities, games, travel, hiking, biking, swimming, kayaking, climbing, sailing, boating, science classes/demonstrations, theatrical productions, etc.) of Hope involve risk, including the potential for permanent injury, paralysis and death; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the conditions of participation in any particular program, activity or event. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Hope United Methodist Church, its trustees, leadership team members, officers, officials, agents, employees, volunteers and affiliates with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND FULLY UNDERSTAND THE TERMS SET FORTH THEREIN. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF.

Participant Signature _____

Date _____

Parent/Guardian Signature (if under 18) _____

Date _____

ALL SIGNATURES REQUIRED