



Good Time's Youth 2021 Spring Retreat Hope Chapel

An amazing weekend where we retreat together and get away from the world. We do this with the goals to grow and pursue a more personal and authentic relationship with God, to strengthen our friendships within the youth group, and have a blast while doing it. So what are you waiting for? Join us on this EPIC adventure!

Retreat Information

Dates: April 5th - April 7th

Location: 20075 Angeles Crest, Palmdale, CA93550

Cost: \$220 per person

Due Date: Registration is due by March 31st

Camper Information (6th - 12th grade)

Name _____ Gender _____ Age _____

Address _____ City _____

State _____ Zip _____ Date of Birth _____

Email _____ Phone # (____) _____

Medical Needs, Allergies, Dietary Needs, Special Accommodations etc: _____

Parent /Emergency Contact

Name _____ Relation _____

Email _____ Phone # (____) _____

Signature and Acknowledgment

By signing below, I acknowledge that I have read front and back of this form and I hereby agree to abide by the rules and regulations of all instructors, youth leaders, camp directors, and workers.

Signature

If Under 18 _____
Signature of Parent or Guardian

Payment

- Check made payable to Hope Chapel Huntington Beach
- Payable Link on Hope Chapel Website www.hopechapelhb.org

Packing List - (check weather before packing)

- twin sheets, blanket, or sleeping bag, pillow,
- towel(s), toiletries (shampoo, soap, toothpaste, toothbrush, deodorant, etc.)
- bible, journal, pen
- clothes for 4 days, 3 nights, pajamas, etc. (dress warm - think layers)
- jacket, sweatshirt, jeans, sneakers for games/hikes
- water bottle w/ your name on it, backpack, flashlight
- medications if needed

Retreat Rules

- Your registration form and payment must be received by **Wednesday March 31st**
- You must stay in your assigned cabin, attend all teachings, and participate in all activities
- You are not allowed to leave the camp grounds without approval from a leader
- All cell phones must be turned off or quieted during all teachings and activities
- You must keep your cabin clean; you will be responsible for any damage caused to any facility
- Any violation of rules listed above could result in dismissal from the retreat

#Covid

Camp Angeles Crest is functioning with state and covid health regulations

We will be utilizing outdoor facilities and the fresh air

Temp. checks will be done before leaving Hope Chapel and before returning to Hope Chapel

Temp. checks will also be conducted by leadership every morning before leaving ones cabin

We will utilize mask wearing and social distancing whenever and as much as possible



MINOR PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANGELES CREST CHRISTIAN CAMP FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Angeles Crest Christian Camp facilities, services, equipment and premises ("Facilities") and any participation in Angeles Crest Christian Camp programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Angeles Crest Christian Camp, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Medical Release

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for the minor as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

Minor Name (Print Clearly) _____ Date _____

Parent/Guardian Name (Print Clearly) _____

Parent/Guardian Signature _____ Date _____



HCHB_YG Spring Retreat Consent Form

Wed, Mar 31st 12:30pm - Sat, April 3rd 1:30pm

-We are visiting a camp and there is a strict "you break it, you buy it" policy. By signing below, parent(s) agree that if a student breaks any item(s), the parent(s) are responsible for payment of the broken item(s).

* If you have any questions please contact Youth Leader Mayci Rawls at (615) 870-9105 or by email at mayci.rawls@stn.global or Zach Ifland at zach@hopechapelhb.org

General Information

Student Name: _____

Emergency Contact Name: _____ Phone #: _____

Consent for Medical Release

I, the undersigned, parent of _____ (print child's name) a minor, do hereby authorize the person presenting this form to call a physician and do consent to any x-ray examination, anesthetic, dental work, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for my child, at my expense.

I, hereby give my permission to the physician selected by Hope Chapel Huntington Beach Foursquare Church to hospitalize, secure proper medical or dental treatment, including but not limited to administering injections, anesthesia or surgery for my child as deemed necessary for the relief of pain and to preserve the health and or life of my child. I also authorize the nurse on duty to administer medical aid as required for illness or injury under a physician's orders.

This authorization is given pursuant to the provisions of section 6910 of the Family code of California, which provides: "The parent or guardian of a minor, may authorize in writing an adult of whose care a minor has been entrusted to consent to medical care or dental care or both, for the minor."

Signature of Parent _____ Date: _____

Doctor's Name: _____ Office #: _____

Insurance: _____ Group/Policy #: _____

Release/Disclaimer

I, the undersigned parent/guardian give permission for my child to participate in the activities listed above on this sheet which are sponsored by Hope Chapel Huntington Beach Foursquare Church. In consideration of the benefits derived from participation in any event administratively organized by Hope Chapel Huntington Beach Foursquare Church I/we do hereby voluntarily release, acquit and forever discharge Hope Chapel Huntington Beach Foursquare Church and its officers, employees and agents, from any and all manner of suits, actions, claims, demands, and liabilities which may arise from my and/or my child's participation in the event.

I, understand that this document constitutes a full and complete waiver and release of all possible claims, suits, actions and liability, including but not limited to, claims for damage to myself and/or my child, Hope Chapel Huntington Beach Foursquare Church, or the negligence of any officers, directors, employees or agents of Hope Chapel Huntington Beach Foursquare Church.

Signature of Parent _____ Date: _____

Phone number I can be reached at during this event:

(_____) _____