

2024 Winter Youth Retreat

January 19-21

Butler Springs Camp
Hillsboro, OH



Join us this January at Butler Springs camp in Hillsboro, OH for our winter retreat! It'll be a weekend to get away, connect with youth from other churches in our diocese, and enjoy a change of pace. There'll be chances to run around and enjoy the beautiful retreat grounds, time to stay inside and relax, and space to ask big questions and see God at work in new ways.

Cost for the whole weekend is \$105 (to be collected by your local church leader).

Find out more about where we'll be staying at www.butlersprings.com

If you have any questions, reach out to Canon Andrew Unger at aunger@adgl.us

ADGL 2024 Winter Youth Retreat
Registration Form
(Turn this in to the leader at your church)

Youth name _____

Age _____

Gender _____

(Additional Youth)

Youth name _____

Age _____

Gender _____

Youth name _____

Age _____

Gender _____

Home Church _____

The above children have my permission to attend the 2024 Winter Youth Retreat on January 19-21, 2024

Signed: _____

Printed: _____ Date: _____

Relationship to Young Person: _____

Phone: _____

Emergency contact: _____

Phone number: _____



Consent & Release Form/Permission for Medical Treatment

Youth's/Child's Name _____ Date: _____

The above named youth/child(ren) has my permission to participate in the 2023 ADGL Winter Retreat, and to be transported by private vehicle when necessary. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Anglican Diocese of the Great Lakes, or any of its member congregations, the sponsors, the owner and/or driver of the vehicle furnishing transportation to the event and any adult volunteers assisting with the event. I further agree to direct my son/daughter/ward to conform to the fullest with the directions and instructions of the adults in charge.

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Home Address & Contact Phone Number

Father's Cell

Father's Email Address

Mother's Cell

Mother's Email Address

Youth's Cell, if applicable

Youth's Email Address, if applicable

Other parent and / or contact _____
Name *Contact Phone, if not parent*

Other Instructions _____

Medical Care Permit

To Whom It May Concern:

As a parent and/or guardian of the child named above, I authorize treatment of said child by a qualified and licensed medical professional in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Family Physician:

Name

Phone

Preferred medical facility

Specific medical allergies, chronic illness or other condition

Another person to contact in case of emergency

Name

Contact phone number

Consent for Use of Photographs

The Anglican Diocese of the Great Lakes from time to time takes photographs of children for use in church-related publications, videos and internal communications including, but not limited to, photo directories for use by teachers and classmates as community-building tools; on our public website (without names); on social media; in press releases to local media and diocesan and national church publications, and brochures. Please complete this form to either agree or disagree to the following statement:

My signature on the front of this form indicates that I authorize and give full consent to the Anglican Diocese of the Great Lakes, or any of its member congregations, to use in internal publications and/or communications, on their website, and in press releases to local media and diocesan and national church publications, all photographs in which my child appears while involved in the ministries of ADGL.

I approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I am the parent or legal guardian of the child named on the front of this form, and have the legal right to issue such consent. *(If you checked this box, please continue on to the following special section pertaining to Facebook and other social media.)*

Special consideration for Facebook and other social media:

My child's picture may appear in pictures on the Anglican Diocese of the Great Lakes, or any of its member congregations, public Facebook page and on other social media the diocese might use for communications purposes, in accordance with the above policy.

My child may be tagged in such pictures if he or she has a Facebook or other social media account.

My child's picture may appear on Facebook and other social media, but he or she may not be tagged.

My child's picture may not appear on the aforementioned public Facebook page or other social media.

(If you checked any of the above boxes, please DO NOT check this box.) I do not authorize or grant consent for the use of such photographs.

YOUTH Registration; Agreement for Permission, Waiver and Release, Assumption of Risks, and Indemnification

This document may affect your legal rights, please read carefully. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, the Participant or the Parent/Legal Guardian of participant, being above the age of 18, agree as follows:

I give permission for my child to participate in this Camp Event. I acknowledge and understand that certain camp activities, including but not limited to: paintball, ropes courses, archery, marksmanship, water sports, horses, zip line, rappelling, rafting, hiking, giant swing, pedal carts, rock wall, swimming and travel in camp motor vehicles or UTVs are hazardous and dangerous activities that may require strenuous exercise and varying degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child or the minor for whom I represent that I am legal guardian, I hereby release and forever discharge Butler Springs Christian Camp and Retreat Center and their servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as "BSCC"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my child's, or the minor for whom I represent that I am legal guardian's viewing or participation in any camping activities. By digitally signing this Agreement, it is my intention to waive any rights to sue or seek damages from BSCC; except where injury, death or disability results from BSCC gross negligence.

I further agree to indemnify, hold harmless and defend BSCC against any and all claims for damages, costs, expenses or attorney's fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

I, having the authority to consent for the minor's health care (being over age 18, a parent or legal guardian), do hereby delegate my authority to Consent to said minor's care (named on this form) to BSCC. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medicine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My camper's medical information may be shared with appropriate personnel including but not limited to camp staff, programs directors, camp nurses, EMS personnel, Or other medical personnel as deemed medically necessary.

I accept responsibility of medical coverage while at BSCC.

I give BSCC permission to use photos and video of my child taken at camp for promotional materials.

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Participant's Name: _____

Parent/Guardian Signature: _____ Date: _____