

# 11<sup>th</sup>-12<sup>th</sup> Grade Winter Retreat Information Guide

January 18-19, 2019

**Where:** Camp Wrightwood in Wrightwood, CA

**Cost:** The cost is \$100 per person, which includes Friday dinner through Saturday lunch, lodging, and activities. **A non-refundable \$25 deposit and forms are due by Sunday, January 6, to secure your spot. Final payments are due January 16.** Register at Guest Services or online at [lbcignite.com](http://lbcignite.com).

**What to Wear:** It is our desire to be a godly testimony as a youth group in both our behavior and our dress. Clothing should be loose-fitting and modest, and should not advertise a worldly lifestyle.

**Girls:** Knee-length skirts or dresses should be worn for the bus ride there and back and for services.

**Guys:** Nice jeans or dockers should be worn for the bus ride there and back and for services.

Temperatures in the mountains average 20 to 30 degrees colder than the cities. The best choice is layered clothing that can be added or removed as the weather changes. Be sure to include warm gloves and a hat or beanie. Ultraviolet rays are more powerful at high elevations as well, so wear sunscreen and UV-certified sunglasses.

**What to Bring:** Bible, pen, flashlight, bedding, pillow, overnight clothes, bath articles, sunscreen, sunglasses, cold-weather clothing and accessories, a good attitude, and a soft heart

**What Not to Bring:** Earbuds, gaming devices, anything illegal, any type of weapon, pranks, a bad attitude, or foul language

**Basic Schedule:**

**Friday, January 18**

3:45 p.m. Meet in Modular C  
4:00 p.m. Leave for Wrightwood  
5:30 p.m. Orientation  
6:30 p.m. Dinner  
7:30 p.m. Evening Service  
9:00 p.m. Games/Refreshments  
Midnight Return to Cabins

**Saturday, January 19**

9:30 a.m. Breakfast/Devotion  
10:30 a.m. Hiking/Camp Activities  
12:45 p.m. Lunch  
1:30 p.m. Pack/Load Buses  
3:00 p.m. Arrive at Church

**Contact:**

Camp Wrightwood	760.249.3453
Brother Larry Chappell	661.917.9830, <a href="mailto:larry.chappell@lancasterbaptist.org">larry.chappell@lancasterbaptist.org</a>
Brother Jon Sisson	661.406.2914, <a href="mailto:jon.sisson@lancasterbaptist.org">jon.sisson@lancasterbaptist.org</a>
Brother Trevor Linder	661.350.5951, <a href="mailto:trevor.linder@lancasterbaptist.org">trevor.linder@lancasterbaptist.org</a>

**Note:** Cell phone reception at the camp is very poor. The best way to communicate would be through email or the Camp Wrightwood number listed above.



# 11<sup>th</sup>-12<sup>th</sup> Grade Winter Retreat Registration & Medical Release Form

January 18-19, 2019

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HEALTH INFORMATION

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please explain any physical or medical conditions, **food allergies** or dietary restrictions and indicate the nature and extent: \_\_\_\_\_

\_\_\_\_\_

Any medications being taken on this trip? \_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_

May your child be given Tylenol? \_\_\_\_\_ Pepto Bismol? \_\_\_\_\_ Aspirin? \_\_\_\_\_ Cough drops? \_\_\_\_\_

In case of an emergency, I hereby give permission to the physician selected by the Lancaster Baptist Church Youth Leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that the church and doctor will make every effort to contact the parent/guardian of the child before treatment. I hereby release Lancaster Baptist Church of all liability.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**





# Camp & Retreat Ministries

California-Pacific Conference

THE UNITED METHODIST CHURCH

## CAMP WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of being permitted to participate in recreational activities made available to participants at Lazy W Ranch, Camp Cedar Glen, Camp Wrightwood, Colby Ranch, and Aldersgate Retreat Center and their sponsored programs (collectively "Cal Pac Camps"), including activities that may include Archery, Rock Climbing, Climbing Tower, Mountain Boarding, Horseback Riding, Swimming, Surfing, Hiking, High Ropes, Zipline, Bouldering, and/or other activities that may be hazardous or otherwise involve a risk of physical injury or death (the "Activities"), I HEREBY ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. I have reviewed the Cal Pac Camps website ([www.calpacumc.org/campandretreat](http://www.calpacumc.org/campandretreat)) and the Activities available at the camp I will be attending.
2. I am fully aware of the risks and hazards inherent in the Activities, and I expressly and voluntarily assume any and all risks of bodily injury, death or property damage arising from or relating to the Activities. I waive and release any and all actions, claims, suits, losses or expenses (including court costs, attorneys' fees, and consultants' fees), or demands of any kind or nature whatsoever against The California-Pacific Annual Conference of The United Methodist Church, including Cal Pac Camps, and its/their directors, officers, employees, corporate affiliates, contractors, vendors, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in the Activities, and activities incidental thereto wherever or however the same may occur.
3. I understand that this Waiver, Release and Indemnification Agreement means, among other things, that I, and/or my family, heirs, executors, legal or personal representatives, successors and assigns, cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries, death, or property damage, whether or not caused by the negligence of the Releasees.
4. Releasees shall not be liable for any bodily injury, death, or property damages arising from any act or neglect of any other occupant or user of the Cal Pac Camps premises or of any other participant in the Activities.
5. I agree to indemnify, protect, defend and hold harmless Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities. If any action or proceeding is brought against Releasees by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to Releasees, and Releasees shall cooperate with me in such defense.
6. Cal Pac Camps is authorized to provide or obtain medical care for me in the event of an injury. I understand I am solely responsible for all related costs associated with any medical care that is provided to me.
7. Photographs may be taken during the Activities to be used for promotional material for Cal Pac Camps. I grant Cal Pac Camps and the California-Pacific Annual Conference of The United Methodist Church the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me for use in any materials created for purposes of

promoting Cal Pac Camps, without any expectation of compensation for such use of my image or likeness.

8. If a portion of this Agreement is deemed invalid or unenforceable by a Court, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

9. This document constitutes the entire agreement between the parties and may be amended only in writing.

I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS AND CONDITIONS, AND I ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE ACTIVITIES.

Participant's Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For the parent/legal guardian of a minor under eighteen (18) years of age OR the parent/legal guardian of an incapacitated and/or mentally challenged person with legal responsibility for this Participant: I acknowledge that I have the legal capacity and authority to act on behalf of the Participant and hereby join in this Waiver, Release and Indemnification Agreement, including, for myself and on behalf of the Participant, agreeing to the foregoing acknowledgment and agreement to assumption of risks, representations and agreements, including agreements of release and indemnity, to the maximum extent allowed by law.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_