

# IMPACT 2012

This is our annual trek to Ocean City for the HS Students

We strive for the front. We play hard on the beach. We LOVE Jesus!

**IMPACT is a high school youth conference with the vision of seeing high school students and their leaders walking closer with Jesus**

Worship is led by Ascend  
Concerts by Disciple & Tenth Avenue North  
Musical Guest KJ-52

## Schedule for the weekend:

**Friday March 23:** Meet at the Superfresh Shopping Center at 4:00 pm in Mt Airy. We will stop for dinner after the Bay Bridge as a group. We head directly to the Convention Ctr. for Friday night's session.

**Saturday, March 24:** Jammed packed day with the main sessions and break out sessions for you to pick and choose from. As a group, we have lunch at our favorite pizza restaurant, Grotto's. At Grotto's it is all you can eat pizza & drink for \$5.00 per person. After Grotto's, we head to the beach for games and then free time. We end our day back at the convention center for the evening activities.

**Sunday, March 25:** Pack up & check out. Arrive at Convention Ctr. for morning session. After the session, it is time to gas up & head home. We grab lunch on our trip back. **Arrive at Superfresh Shopping Center in Mt Airy 3:30 - 4:00 pm.**  
*Don't forget about Epicenter! ☺*

**Hotel:** Grand Hotel Ocean City | 2100 Baltimore Avenue, Ocean City, Maryland 21842

**COST:** Students: \$125    Adults: \$80  
*\*Price includes hotel, ticket & transportation. Food is not included for the weekend*

If the cost is a hardship, please contact Roger Record or Kristina Nixon.  
**DO NOT ALLOW FINACIAL HARDSHIPS TO STOP YOU FROM ATTENDING!**

Questions? Contact: Kristina Nixon at 301-704-4903, email [nxtgen3@gmail.com](mailto:nxtgen3@gmail.com)

**You must have *all your forms* and *money* by **Sunday MARCH 18****  
*Money must be turned in or else you will not be permitted to go.*

*Forms & money can be turned into the Youth Table on Sunday morning, Sunday Evenings at Freestyle, to Kristina Nixon at Alien Nation on Wednesday nights or mailed to the church office: DRCC, PO Box 554, Damascus, MD 20872 Atn: Kristina Nixon*

**DAMASCUS ROAD COMMUNITY CHURCH**  
**PARTICIPANT RELEASE/WAIVER OF LIABILITY**

The undersigned participant ("Participant") in OC IMPACT / ATF ("Youth event") at Ocean City MD / Baltimore, MD (location) on March 25 - 27, 2011 / April 27&28 (date) and Participant's parent(s) or legal guardian(s) (if Participant is under 18), in consideration of the spiritual benefits and training received from Participant's participation in the Youth Event sponsored by Damascus Road Community Church ("the Church"), individually affirm and agree that:

1. Acknowledgment of Risk. I fully understand and acknowledge that participating in the Youth Event activities may entail hazards, dangers, and other risks to bodily health, safety, and well-being. Such activities, risks, hazards, and dangers may include, but are not limited to, the following (list of activities and associated risks):

I understand that the risks and dangers inherent in these activities may be caused by the negligence of Participant in the activity, the negligence of others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly accept those risks.

2. Obligations of the Participant. As a condition of participating in the Youth Event, Participant shall (1) learn and consistently follow the rules governing the Youth Event, (2) obey all instructions of the Youth Event leader(s), and (3) alert the Youth Event leader(s) immediately of any dangers or hazards to the safety of any individual(s) involved in the Youth Event that Participant perceives.

3. Permission. I give permission for Participant to participate in the Youth Event, and for Damascus Road Community Church ("the Church") to provide all necessary transportation and lodging (if applicable). I also authorize the Church and its agents to provide medical treatment to Participant, as specified in the attached "Medical Information, Authorization, and Release."

4. Liability Waiver/Release. In consideration of Participant's participation in the Youth Event, and intending to be legally bound, I hereby, for myself, my heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless the Church, its service providers, employees, volunteers, directors, officers, and other agents from any and all liabilities, claims, demands, actions, or losses for or from bodily injury, property damage, sickness, wrongful death, loss of services, or otherwise, which may arise out of Participant's participation in the Youth Event or related activities, for any reason or by any cause including through the negligence or carelessness<sup>1</sup> of DRCC or its agents, and which may arise out of Participant's traveling to, participating in, and/or returning from any activity associated with the Youth Event. This Release/Waiver is understood to also be in effect with respect to, and to include any persons who may be engaged in transportation, treatment or attending to, or accompanying of Participant to any medical treatment facility, on the same basis and terms as stated above.

5. Conciliation. I hereby agree and acknowledge that any claim or dispute arising from or related to this Participant Release/Waiver of Liability, any of the rights or obligations granted herein, or the relationship of the parties in any respect thereto shall be brought within 12 months of any occurrence or discovery (or forever waived), shall be governed by the laws of the State of Maryland, and shall be settled only by mediation, or, if necessary to resolve the dispute, by legally binding arbitration in accordance with the then current rules of procedure for Christian conciliation of the Institute for Christian Conciliation of Peacemaker Ministries. A copy of such rules is available on the web site [www.hispeace.org](http://www.hispeace.org). Judgment upon a mediation or arbitration award may be entered in any court otherwise having jurisdiction, and such mediation or arbitration is the sole remedy and is non-appealable.

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<b>Participant's Name (please print)</b>	<b>Participant's Signature</b> (If 18 years or older)	<b>Date</b>
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**Signature(s) of Parent(s) or Legal Guardian(s)** (if Participant is under the age of 18):

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<b>Name of Parent/Guardian (please print)</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>
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**\* Y o N - Have you filled out the medical release form?**  
IF NOT or your information has changed, please fill out the medical information

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**Damascus Road Community Church**  
Medical Information

Name (Last, First, Initial):		
Address		
Date of Birth:	Age:	Gender:
Home Phone:		
<i>In case of emergency please contact:</i>		
Name:		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:
<i>Alternate emergency contact:</i>		
Name:		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:
<i>Physician Information:</i>		
Name:		Phone Number:
Insurance Company and policy number:		
Any physical limitations, allergies or medications:		
Signature of Parent/Guardian/ participant (over 18):		Date

***If Participant is a Minor, please fill out all the information below:***

Parent/Legal Guardian	Home	Work	Cell
Mother			
Father			
Guardian			

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**Parent Authorization for Medial Emergency Treatment**

In cases of medical emergency, I understand every effort will be made to contact parents of the child. In the event I cannot be reached, I hereby give permission to the physician selected by, authorized Damascus Road Community Church personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign below only if you decline to sign the release above.**

I have been offered the opportunity to authorize emergency medical care as above set forth and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_