

MS Prayer Retreat 2012

WHEN: Friday, March 2 -Sunday, March 4

WHERE: Concord Retreat Center-Yellow Springs WV-866-833-2929

<http://concordretreat.com/>

WHY: Connect with God during an exciting event filled weekend with other middle school students - Make new friendships and strengthen old ones!

COST: (includes meals, campfire, & paintball):

Students: \$135.00 Adult Leaders: \$87

Price includes cost of t-shirt

Bring extra money for dinner on Friday.

Money and permission slip are due by Sunday February 26, 2012
Money must be turned in or else you will not be permitted to go

Friday -Meet at the Frederick COSTCO at 4 pm. We will stop to have dinner on the way. We will settle in and play some games and have some worship time.

Saturday - After breakfast we will have a fun-filled day of worship, lessons, team games like capture the flag, paint ball (alternatives for those who don't like to paint ball) and a campfire at night.

Sunday - We will have more worship and a message before we pack up and head back home. **We will arrive back to Oakdale by 12:30 pm**

All students will be assigned to a leader and a car. Adult leaders will be with the students at all times. We will all be in one large cabin, which has several rooms with bunk beds. All students will have a leader sleeping in their room.

Items To Bring:

Sleeping bag or blanket/sheet
Towel - soap - shampoo, etc.
Clothes for paintball

Pillow
Warm clothes
Bible - paper/pen

Any questions, contact Kristina Nixon at nxtgen3@gmail.com, 301-704-4903

If cost is a hardship, please contact Roger or Kristina. Scholarships are available.

Please don't let money stop you from going!

Register ONLINE or

Forms can be turned into the Youth Table Sunday Morning or at Alien Nation.

Forms can also be mailed to the DRCC Office

DRCC

PO Box 554

Damascus, MD 20872

Attention: Kristina Nixon

DAMASCUS ROAD COMMUNITY CHURCH
PARTICIPANT RELEASE/WAIVER OF LIABILITY

The undersigned participant (“Participant”) in MS Prayer Retreat (“Youth event”) at Yellow Springs, WV (location) on March 2 - 4, 2012 (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 carelessness¹ 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. 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.

Participant’s Name (please print)	Participant’s Signature (If 18 years or older)	Date
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Signature(s) of Parent(s) or Legal Guardian(s) (if Participant is under the age of 18):

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



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			

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: _____