

FALL RETREAT

BETHEL CHRISTIAN CAMP - GASTON, SC

FRIDAY, NOV. 4TH-SUNDAY, NOV.6TH

750 BOY SCOUT ROAD, GASTON S.C. 29053

COST: \$120

WE WILL BE SPENDING 2 NIGHTS AWAY AT BETHEL CHRISTIAN CAMP TO TAKE TIME TO STUDY GOD'S WORD, WORSHIP, FELLOWSHIP, SIT BY THE FIRE, ENJOY NATURE, KAYAK, CANOE, AND PLAY CAMP GAMES.

WE WILL BE STAYING IN CABINS WITH PLUMBING AND ELECTRICITY. YOU WILL NEED TO BRING A BIBLE, SLEEPING BAG, PILLOW, TOWEL, FLASHLIGHT, TOILETRIES, AND WARM CLOTHING. MEALS AND TEACHING TIME WILL TAKE PLACE IN THE DINING HALL OF THE CAMP.

DROP OFF YOUR CHILD AT CAMP BETWEEN 5-6PM ON FRIDAY. WE WILL BUS & CARPOOL BACK TO THE CHURCH ON SUNDAY IN TIME FOR 2ND SERVICE.

TEAR OFF THIS PORTION AND RETURN WITH PAYMENT BY OCTOBER 23RD

STUDENT NAME: _____

STUDENT PHONE #: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN PHONE #: _____

WOULD YOU LIKE TO RECEIVE EMAILS ON STUDENT MINISTRY UPDATES? YES NO

EMAIL: _____

BETHEL RETREAT CENTER

Facilities Release Form

Group Name: _____

Date(s) of visit: _____ to _____

I am aware that during my visit to BETHEL RETREAT CENTER, CABINS, DINING FACILITIES, RECREATIONAL AREAS, HIGH AND LOW ROPES COURSE, CLIMBING WALL, ZIP-LINE, GIANT BLOB, WATERFRONT, and ANY OTHER BETHEL FACILITY AND/OR ACTIVITY AREA (all the foregoing collectively being referred to herein as the "PREMISES"), and participation in activities there are certain risks and dangers that may occur. These include, but are not limited to: the hazards of being in a wilderness or natural area, on a physical fitness course (i.e. increased heart rate, sudden pulse increase, general heart risk (especially for those with past heart conditions), the forces of nature, and other dangers inherent in being in or near a lake and other recreational areas and participation in recreational activities.

In consideration of my voluntary election to enter onto the PREMISES, I do hereby assume all risks and to the fullest extent permitted by law do hereby agree to hold harmless BETHEL RETREAT CENTER, their representatives, agents, successors, or beneficiaries (all the foregoing hereinafter referred to as "BETHEL" from and against any and all personal injury, causes of action, losses, cost, liability, actions, debts, claims, damages, expenses and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me at the PREMISES except for the gross negligence or willful acts of BETHEL, its employees, agents or contractors.

This Agreement shall be binding upon me, my heirs, executors and administrators. My presence and participation in any activities at the PREMISES is completely voluntary.

By signing below, I hereby acknowledge the reading and understanding of the foregoing and have agreed to the same with full knowledge and understanding of its contents.

Photos: I give permission to Bethel Retreat Center to use photographs and/or video which may include my image for promotional and fund raising purposes.

SIGNED this _____ day of _____, 20_____.

Name: _____ Signature: _____
(print)

Minors (anyone under 18 years of age) must have their parent or guardian sign on their behalf.

Full Name of Minor: _____
(print)

Name: _____ Signature: _____
(print)

Bethel Retreat Center Health Statement Form For participation in Outdoor Challenge Activities

The Proposed activity provided by Bethel Retreat Center requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult with a physician. (NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in the program.)

Name: _____ Date of Birth: _____
 Address: _____ Gender: _____
 City, State, Zip: _____ Age: _____
 Home Phone: _____ Work Phone: _____
 E-mail address: _____
 In an emergency notify: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____

HEALTH HISTORY:

| | | |
|--|-----|----|
| Have you had or do you currently have any heart problems? | Yes | No |
| Do you frequently suffer from pains in your chest? | Yes | No |
| Do you often feel faint or have spells of dizziness? | Yes | No |
| Has a doctor ever told you that you have high blood pressure? | Yes | No |
| Do you have arthritis, joint or back problems that are aggravated by exercise? | Yes | No |
| Have you had any operations or serious injuries? | Yes | No |
| Do you have any physical disabilities or chronic recurring illness? | Yes | No |
| Do you have Epilepsy? | Yes | No |
| Do you have Diabetes? | Yes | No |
| Are you allergic to any medication, insects or pollen? | Yes | No |
| Are you currently sick and/or using medication? | Yes | No |
| Do you have any prescribed meal plan or dietary restrictions? | Yes | No |
| Are there any activities to be limited/discouraged by physician's advice? | Yes | No |

Please describe any "yes" answers above: _____

Do you carry health insurance? Yes No

Carrier: _____ Policy: _____

Suggestions or health related information for Bethel Retreat Center personnel: _____

General Health statement:

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in outdoor challenge activities. I hereby give permission to the medical personnel selected by Bethel Retreat Center to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include but is not limited to, charges incurred for the providing of aid and arranging evacuation if Bethel Retreat Center or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge any restrictions placed on my activities.

Signature of Participant (if over 18): _____ Date: _____
 (or legal guardian of participant if participant is under 18)

Witness _____ Date: _____

Calvary Chapel of Lexington Student Ministry Release Form

1156 Barr Road | Lexington | South Carolina | 29072
803.951.2273

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of Calvary Chapel of Lexington and to be transported by rented or private vehicle when necessary. I understand all activities will have adult supervision. In consideration of the benefits to be derived from the activities, I hereby voluntarily waive any claim against of Calvary Chapel of Lexington, its staff, volunteers, as well as the owner and driver of the vehicle furnishing transportation. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the volunteers in charge. This consent and release is in effect until I give Calvary Chapel of Lexington written notice to the contrary.

Parent/Guardian Name: _____ Signature: _____

Street: _____ City: _____ Zip: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Calvary Chapel of Lexington. This permit is in effect until I give Calvary Chapel of Lexington written notice to the contrary.

Parent/Guardian Signature: _____ Insured's Name: _____

Health Insurance Company: _____ Policy Number: _____

EMERGENCY INFORMATION

Please print your responses to the following questions (use the back of the form if necessary):

Has student had any surgery or serious illness within the last three years? If yes, please explain.
_____ yes _____ no

Is student required to take any medication? If so, for what reason and how often?
_____ yes _____ no

Does student have any allergies or allergic reaction to any medication? If yes, please explain.
_____ yes _____ no

Is student presently under a doctor's care? If yes, please explain.
_____ yes _____ no

| | Parents | Nearest Relative | Neighbor |
|---------|---------|------------------|----------|
| Name | | | |
| Address | | | |
| Phone | | | |