

Dear Parent/Guardian,

Everything is in place for an incredible camp experience for your student. Our goal is that every student has the opportunity to encounter Jesus, make new friends and strengthen existing friendships, experience the virtue of time spent in God's good creation, and have as much fun as possible! Please join us in prayer for all of our students as we prepare the way for God to move in life-changing ways.

In this packet you will find information regarding camp including:

- Camp Itinerary
- Packing List
- Emergency Contacts
- Medical/Liability Release Forms

Please complete and submit these forms by June 21<sup>st</sup>

- Behavioral and Safety Guidelines
- Whitewater Adventure Outfitters Participant Agreement and Acknowledgment of Risk Form
- Camp Medical Authorization and Waiver \*\*\*NOTARIZED\*\*\*
- Permission and Release of Liability Waiver \*\*\*NOTARIZED\*\*\*

Please feel free to contact me about any questions or concerns.

Sincerely,

Jacob Taylor  
Director Student Ministries  
Word of Life Church  
Jacob.taylor@wolc.com  
816-273-2468

# CAMP ITINERARY

## July 05 - SUNDAY:

8:30pm: Registration at Word of Life Church  
9:00pm: Registration Ends/Load the Bus  
9:30pm: Depart for Colorado/Drive through the Night

## July 06 - MONDAY:

08:30am: Breakfast Stop  
10:00am: Arrive at Cathedral Ridge /Camp Orientation  
11:00pm: Cabin Time  
12:00pm: Lunch  
01:00pm: Free Time/Cabin Competition  
05:00pm: Dinner  
06:00pm: Evening Service with Aaron Gillespie  
07:30pm: Small Group/Response Time  
08:30pm: Evening activities  
10:00pm: Cabin Time  
11:30pm: Lights Out

## July 07 - TUESDAY:

08:00am: Wake Up/Clean Up  
09:00am: Breakfast  
10:00am: Morning Service with Aaron Gillespie  
11:00pm: Small Group/Response Time  
12:00pm: Lunch  
01:00pm: Free Time/Cabin Competition  
05:00pm: Dinner  
06:00pm: Evening Service  
07:30pm: Small Group/Response Time  
08:30pm: Evening activities  
10:00pm: Cabin Time  
11:30pm: Lights Out

**DRINK LOTS OF  
WATER BEGINNING  
JULY 2 TO PREVENT  
ALTITUDE SICKNESS**

# CAMP ITINERARY (continued)

## July 08 - WEDNESDAY:

08:00am: Wake Up/Clean Up  
09:00am: Breakfast  
09:30am: Depart for Rafting  
11:30pm: Picnic Lunches  
12:00pm: Rafting  
04:00pm: Depart for Cathedral Ridge  
06:00pm: Dinner  
07:00pm: Evening Service  
08:00pm: Small Group/Response Time  
09:00pm: Evening activities  
10:00pm: Cabin Time  
11:30pm: Lights Out

## July 09 - THURSDAY:

08:00am: Wake Up/Clean Up  
09:00am: Breakfast  
10:00am: Morning Service  
11:00pm: Small Group/Response Time  
12:00pm: Lunch  
01:00pm: Free Time/Cabin Competition  
05:00pm: Dinner  
06:00pm: Evening Service  
07:30pm: Small Group/Response Time  
08:30pm: Evening activities  
10:00pm: Cabin Time  
11:30pm: Lights Out

## July 10 - FRIDAY:

07:30am: Wake Up  
08:00am: Breakfast  
08:30am: Final Clean up and Packing  
09:30am: Depart for St. Joseph  
02:30pm: "Linner" Stop  
10:00pm: Arrive at Word of Life Church

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# SUGGESTED PACKING LIST

\_\_\_ Bible

\_\_\_ Notebook and pen

\_\_\_ Important Phone Numbers

\_\_\_ **Medications (please put medications in Ziploc bag with camper's name on the outside and please make sure all medications are labeled. Include a description of when medication should be taken and in what quantities) \*\*\*Students will not be allowed to carry their own medication due to liability\*\*\* Contact Jacob Taylor with questions**

\_\_\_ Spending Money for Meals While Traveling (\$20-\$30)

\_\_\_ Shorts

\_\_\_ Shirts/ Light Jacket (for warm & cool weather)

\_\_\_ Socks & Underwear

\_\_\_ Athletic Clothing for games (things may get a little messy!)

\_\_\_ Sleep Wear (comfortable, modest - for group living)

\_\_\_ Laundry Bag or Plastic Bag

\_\_\_ Tennis Shoes (close toe shoes for light hiking)

\_\_\_ Water Shoes or old tennis shoes for Rafting

\_\_\_ Quick Dry Shorts and Shirt for Rafting (may wear swim trunks)

\_\_\_ Allergy Kit if Needed: bees, etc.

\_\_\_ Soap

\_\_\_ Deodorant

\_\_\_ Toothbrush/Toothpaste

\_\_\_ Comb/Brush

\_\_\_ Shampoo (travel size suggested)

\_\_\_ Shaving Cream/Razor

\_\_\_ Sun block (SPF 25+) (CAUTION: We are closer to the sun than most are used to)

\_\_\_ Towel

\_\_\_ Snacks of Your Choice

\_\_\_ Bedding and Pillow (we will be sleeping on twin size bunk beds)

\_\_\_ Bug Spray

We will be spending time in various altitudes and therefore will experience temperatures ranging from a high of 90 degrees to a low of 42 degrees.

# LOCATION INFORMATION & PHONE NUMBERS

**Emergency Contacts – Feel free to call, text or email:**

**Jacob Taylor: (816) 273-2468 – [Jacob.Taylor@wolc.com](mailto:Jacob.Taylor@wolc.com)**

**Megan Taylor: (816) 294-8113 – [Megan.Taylor@wolc.com](mailto:Megan.Taylor@wolc.com)**

Word of Life Church  
3902 NE Riverside Rd  
St. Joseph, MO 64505  
(816) 233-6367

In the event of an emergency, the church office will always be able to reach us.

Cathedral Ridge  
1364 Co Rd 75  
Woodland Park, CO 80863  
(719) 687-9038

Please only contact them in the event of an emergency.

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# BEHAVIORAL AND SAFETY GUIDELINES

Our *Behavioral and Safety Guidelines* are set in place to provide a safe camp experience for every student. Please review these guidelines with your student before signing camp forms.

As an applicant to MYC Summer Camp, I, \_\_\_\_\_ agree to the following concerning participation at the camp or at any other location visited as part of camp.

1.  I agree to not use or bring or have in my possession alcohol, tobacco, or drugs other than those listed on your medical form.
2.  I also agree to leave at home any items which are weapons or weapon-like. (including airsoft/paintball)
3.  I agree to respect the authority of the MYC leaders and Cathedral Ridge staff, following their directions and accepting their decisions. This includes instructions for "lights out," as well as to cease any other activities for whatever reasons that they may give.
4.  I agree to never be in the opposite gender's cabin.
5.  I agree to attend all camp church services, to arrive on time, and to respectfully remain there until dismissed.
6.  I agree to refrain from any and all offensive language, gesturing, and behaviors. This includes using profanity, engaging in or seeking to engage in sexual behavior, dressing or behaving immodestly, and displaying personal affection.
7.  I agree to refrain from any and all violence, including physically or verbally abusing my fellow campers, bullying, fighting, yelling, and in general losing my temper.
8.  I agree to tell my cabin leader if I am going to hike and to disclose where I am hiking to, when I expect to return, and who I am hiking with understanding that 3 people is the minimum for a hike.
9.  I agree to respect all property including housing, athletics, outdoor and indoor facilities that belong to the camp and as well as to respect personal property of other students. This implies that I will not litter, carve into trees, cut down any vegetation, feed or approach any wildlife, or do anything else that would damage person or property.
11.  I agree to maintain a reasonably clean cabin and to participate in the daily cleaning of my cabin.
12.  I agree to respect the views, opinions, beliefs, religious or otherwise, of my fellow campers, even if I do not agree with them.
14.  I agree to pursue the fun and enjoyment of this camp experience whole-heartedly and in the spirit of Christian fellowship!

I have read and understand the above *Behavior and Safety Guidelines* and agree to follow these policies during my participation in MYC's 2015 Summer Camp. I understand that should I fail to comply with these policies; the consequences as stated below will apply.

**CAMPER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

My signature below acknowledges that I understand my child will be expected to follow the behavioral and safety guidelines given by MYC (Word of Life Church) and Cathedral Ridge Retreat Center. If my child repeatedly refuses to follow these guidelines, I understand my child may be dismissed from camp and I will be asked to drive to the camp to pick him/her up or provide the transportation costs involved to get him/her home. I realize any disciplined camper who is sent home will forfeit his/her unused camp fees.

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**WHITEWATER ADVENTURE OUTFITTERS**  
**PARTICIPANT AGREEMENT AND ACKNOWLEDGMENT OF RISK**

In consideration of the services of WHITEWATER ADVENTURE OUTFITTERS, their agents owners, officers, volunteers, participants, employees, and all other persons or entities acting on their behalf ( hereinafter collectively referred to as "W.A.O."), on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that boating on rivers entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: whitewater rapids will be encountered. You can be jolted, jarred, bounced, thrown to and fro and shaken about during rides through some of these rapids. It is possible that you could be injured if you come in contact with food boxes, and other containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft. Boats could turn over or you could be washed overboard. You can slip or fall during a hike, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. Exposure to the elements can be uncomfortable and/or harmful. You should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Understand that prolonged exposure to cold water, or sudden cold water immersion, can result in cold shock, hyperventilation, hypothermia, or drowning – all of which can potentially lead to injury or death. Also understand that communication on the river or within the river terrain in which this activity occurs is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available. Furthermore, W.A.O. guides have difficult jobs to perform. They seek safety, but are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used may malfunction.

(2) I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

(3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless W.A.O. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of W.A.O.'s equipment or facilities, including any such claims which allege negligent acts or omissions of W.A.O.

(4) Should W.A.O. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

(5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical condition or physical conditions, which would interfere with my safety in this activity, or else, I am willing to assume-- and bear the cost of -- all risks that may be created, directly or indirectly, by any such condition.

(6) In the event that I file a lawsuit against W.A.O., I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

(7) W.A.O., or anyone authorized by W.A.O., has my permission to use any photographic or digital image taken during the course of this activity for promotional, or any, purpose.

PARENT OR GUARDIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST W.A.O. ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN.**

**IN CONSIDERATION OF THE PARTICIPANTS UNDER THE AGE OF 18 BEING PERMITTED BY W.A.O. TO PARTICIPATE IN THIS ACTIVITY AND USE THE EQUIPMENT AND FACILITIES, I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS W.A.O. FROM ANY AND ALL CLAIMS WHICH ARE BROUGHT BY, OR ON THE BEHALF OF MINOR, AND WHICH ARE IN ANY WAY CONNECTED WITH SUCH USE OR PARTICIPATION BY MINOR.**

**This release is for participants under the age of eighteen.**

Participant:

Address:

City:  State:  Zip:

Phone:

Date of Birth:  Date of Birth:

E-Mail Address:

Who to Contact in Case of Emergency:

Name:

Phone:

I have previous whitewater rafting experience: Yes ( ) No ( )

Do you have any medical conditions, including allergies or pregnancy, that we should be aware of ?

Yes ( ) No ( ) If yes, explain\_\_\_\_\_

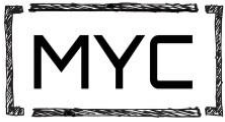
**I HAVE HAD SUFFICIENT TIME TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT AND I AGREE TO BE BOUND BY ITS TERMS.**

**Parents Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Minor Signature:**\_\_\_\_\_

PLEASE CHOOSE MARK WHICH TRIP THE STUDENT WANTS TO TAKE :  Beginner

Advanced



# 2015 Permission and Release of Liability Waiver

It is my understanding that participating in the programs and recreational activities of Word of Life Church is a privilege. Prior to my child's participation in such activities, I acknowledge there are certain risks associated with the activities including physical injury due to activity-related and transportation-related accidents, illness, or even death. In realization of this, I give permission for the child listed below to participate in the activities checked. Thereby, I release and forever discharge Word of Life Church and anyone acting on behalf of Word of Life from any and all actions, claims, or demands arising out of any accident, casualty, or event that may occur while this child is participating in the checked event(s) below.

I recognize there may be occasions where the said child may need first aid or emergency medical treatment as a result of an accident, illness, injury, or other health condition, thereby, I give permission for Word of Life Church ministers, leaders, employees, volunteers, and agents to obtain and secure any needed medical attention or treatment for this child, including hospitalization, with the same force and effect as if I had personally given consent. I give permission for attending physician(s) or other medical personnel to administer any needed medical treatment, including, but not limited to diagnostic tests, x-ray examination, anesthesia, surgery or other procedures which may be deemed necessary for his/her medical well-being while traveling to and from all events checked below. I agree to pay all medical treatment, fees, and costs arising from this action and authorize treatment through the following insurance provider:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

As a parent or legal guardian, I \_\_\_\_\_  
(Parent/Guardian's Printed Name)

hereby give permission for \_\_\_\_\_  
(Child's Printed Name)

to participate in the activities checked below:

High School Camp – July 5<sup>th</sup> – 10<sup>th</sup>, 2015

\_\_\_\_\_  
Sign Below with Notary Present

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_ (date) personally appeared \_\_\_\_\_ (signee name), known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year written above.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Seal



# CAMP MEDICAL AUTHORIZATION & WAIVER

**Camper Name:** \_\_\_\_\_

(Please Print Clearly)

Dear Parent:

Obviously, we take every precaution to ensure your child's safety while participating in MYC's 2015 High School Camp. Occasionally, people do get hurt. We strongly advise that you have individual health insurance. In case of sickness or accident, you MUST fill out the following as a precaution.

## Contact Information

Primary Parent / Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Father/Guardian #1

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Mother/Guardian #2

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Grandparent/Family Friend

Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Grandparent/Family Friend

Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information:

Camper's Birthday: \_\_\_\_\_

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

Name of Hospitalization Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Current medication and dosage: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Circle any allergies: Hay Fever Poison Ivy Insect Sting Penicillin Other:

List any dietary allergies (we can accommodate for most food allergies): \_\_\_\_\_

Does your child have seizures? No Yes Date of last occurrence: \_\_\_\_\_

List any camp activity from which your child should be exempted for health reasons: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Doctor's Phone Number: (\_\_\_\_) \_\_\_\_\_

List your child's past medical treatment if any: \_\_\_\_\_

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp: \_\_\_\_\_

**Emergency Medical Authorization:**

The medical information provided on this form regarding my child is correct to the best of my knowledge. I have read the 2015 HS Parent Packet and give my permission for my child to engage in all learning and recreational activities while at the camp. I certify that my child is able to participate in those activities and that all medical conditions or allergies of my child which may limit my child's participation in activities are listed above. IN THE EVENT THAT I CANNOT BE REACHED IN CASE OF AN EMERGENCY, I HEARBY AUTHORIZE WORD OF LIFE CHURCH, ITS EMPLOYEES, PASTORS, OR DESIGNATED PERSONNEL TO GIVE MEDICAL ASSISTANCE TO MY CHILD. I ACCEPT FULL RESPONSIBILITY FOR PAYMENT OF EXPENSES INCURRED AS A RESULT OF ANY MEDICAL TREATMENT FOR MY CHILD.

**Waiver:**

In consideration for my child being allowed to be a camper with the MYC 2015 HS Camp, I agree to hold harmless and release Word of Life Church, its employees, pastors, or designated personnel from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to me or my child (hereinafter referred to jointly as Damage) arising from my child's attendance at the camp, including any Damage arising from the provision of emergency medical treatment.

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Below with Notary Present

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_ (date) personally appeared \_\_\_\_\_ (signee name), known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year written above.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Notary Seal