**Fall Retreat Waiver**

**Youth's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth's Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian's Contact Information:**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retreat Expectations and Agreement**

I, the undersigned parent or legal guardian of the above-named youth, acknowledge and accept the following expectations for the Fall Retreat. I understand that these guidelines are established to ensure the safety, well-being, and positive experience of all participants.

**Be on Time for Sessions:** I understand that punctuality is crucial for all scheduled sessions during the retreat.

**Be Present:** I acknowledge that during services and meals, the use of phones is not permitted to encourage full engagement and connection with fellow participants.

**No Drugs, Alcohol, Weapons, Bombs, Smoking, or Vaping:** I affirm that my child will not bring or use any prohibited substances or items during the retreat.

**Quiet Time and Curfew:** I understand that quiet time begins at 11:00 PM and lights-out curfew is at 12:00 AM. This is to ensure a peaceful environment for all participants.

**No Going Offsite or in the Lake:** I agree that my child will remain on the retreat premises and not venture offsite or swim in the lake.

**Respect for Camp and Each Other: I** acknowledge that my child will show respect for the camp facilities, staff, and fellow participants, adhering to all camp rules and guidelines.

**Be with Your Cabin:** I understand that my child will remain with their designated cabin group, will not go off alone or with the opposite sex, and will not be out past curfew.

**In the event that a student does not meet the outlined expectations during the retreat, our primary concern is to help them grow and learn from their experience. We will approach these situations with understanding and a desire for positive change. However, please be aware that for more serious or repeated violations of the retreat expectations, a parent or guardian may be contacted to discuss the situation. Our ultimate goal is to provide a safe and enriching experience for all participants, and sometimes, when necessary, the student may be asked to return home.**

**Waiver and Release**

In consideration of the opportunity to participate in the Fall Retreat 2024, I hereby agree to release and discharge The Park Church, its directors, employees, and all persons involved in organizing and executing the retreat, from any liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by my child during the course of participation in the retreat.

I understand the nature of the activities during the retreat and the possible risks involved. I acknowledge that my child will be in good health to participate in these activities.

In case of injury or illness, I authorize The Park Church to secure medical treatment, including hospitalization, if deemed necessary. I understand that I will be responsible for any medical expenses incurred on behalf of my child.

I acknowledge that I have read this permission and waiver form, understand its content, and agree to its terms.

Parent/Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date: //\_\_\_\_)