



MT. OLYMPUS

Resorts - Waterparks - Theme Parks

- When:** Saturday, Aug. 15th, 2026, 8:30a - 8:30p
- Where:** Mt. Olympus Water & Theme Park, WI Dells, WI
- Details:** Students can be dropped off and picked up at Oakbrook Church (3126 W. 20th Ave.). Lunch and dinner will be provided.
- Cost & Deadlines:** Early bird deadline (Sun, Jun. 28th): \$20
Final deadline (Sun, Jul. 26th): \$30
(All payments are non-refundable)
- What to do:** Fill out and return the attached **Participation Agreement** along with the appropriate **non-refundable payment** for each attendee. Once these are collected, Alex will register your student(s). Checks can be made out to **Oakbrook Church**.
- What to bring:** Sunscreen, flip-flops, a towel, appropriate swimwear, change of dry clothes, a small bag for personal items, a water bottle, and extra spending cash for concessions (if desired)
- Questions?** Contact Alex Herman at alex.oakbrook@gmail.com or (920) 216-4285.

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Activity Participation Agreement & Medical Release

Sponsoring Organization: Oakbrook Evangelical Free Church, 3126 W. 20th Ave, Oshkosh, WI 54904

Description of Activity: Mt. Olympus Water & Theme Park, Wisconsin Dells, WI

Date(s) of Activity: Saturday, Aug. 15th, 2026

PARTICIPANT INFORMATION:

Name of Participant: _____ Date of Birth: _____

Name of Parents/Guardians: _____

Address: _____ Phone: _____

EMERGENCY CONTACTS:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Other: _____ Relationship to Participant: _____ Phone: _____

MEDICAL INFORMATION:

Is the sponsor authorized to approve medical treatment?: Yes No

List any medications the participant will need to take during the activity:

Can the participant self-administer the medications listed above: Yes No

My child is allergic to the following foods or medication:

List any medical conditions or medical history of which Oakbrook Church and the chaperones should be aware: _____

INSURANCE INFORMATION:

Is the participant covered by personal/family medical insurance?: Yes No

If yes, name of Insurer: _____ Group # _____ Policy Number: _____

Participation Agreement: I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Medical Release: I give permission for my child to participate in the activity listed above and authorize the adult leaders supervising this event to administer emergency treatment to the above named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize Oakbrook Church and the chaperones to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed reasonably necessary for my child's health and safety.

Photo Release: I, the legal parent/guardian of the participant, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name(s), by Oakbrook Church of Oshkosh, WI for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television & other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or damages. I release Oakbrook Church, it’s officers, trustees, employees and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or parents/guardians if participant is a minor)