



**Annual Youth Retreat  
Middle and High School Students**

***April 24-26, 2009***

Hosted by Metro Atlanta Presbytery  
and Camp Westminster

\$60 per Student  
Includes Lodging, T-shirt, Food, and Activities  
(Partial Scholarships Available)

Speaker: E.J. Childs,  
Assistant Pastor, Redemption Fellowship PCA

***Sign-up By March 15, 2009!***

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

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

**RETURN WITH PAYMENT TO:**

Jason Stephenson  
Westminster Presbyterian Church  
1438 Sheridan Rd NE  
Atlanta, GA 30324

404-636-8297 (fax)

[jason.stephenson@westminster-pca.org](mailto:jason.stephenson@westminster-pca.org)

## PARENT/GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM

*(This form should be completed for each increased risk and offsite event and a copy should be taken on each trip.)*

Name of activity: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

I, \_\_\_\_\_, (*printed name of parent/guardian*) being the parent or legal guardian of \_\_\_\_\_ (*printed name of minor*) have been informed of the above activity sponsored by \_\_\_\_\_ (*name of church or organization*) and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold \_\_\_\_\_, (*name of church or organization*) its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

### *Youth and Children's Ministry*

## PARENT CONSENT TO TREAT A MINOR FORM

*(This form should be completed annually and a copy should be taken on each trip.)*

Being the parent or legal guardian of \_\_\_\_\_, (*minor's name printed*) I \_\_\_\_\_ (*parent/guardian's name printed*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor's date of birth: \_\_\_\_\_

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

**CAMP WESTMINSTER  
RELEASE OF LIABILITY AND MEDICAL PERMISSION  
READ BEFORE SIGNING**

**(For all campers, staff members, and off-season participants; no person may participate in any Camp-sponsored activities or any activities on the campus of Camp Westminster unless he or she completes and signs this Release.)**

**GENERAL RELEASE**

For and in consideration of the use of the facilities and/or services of Westminster Presbyterian Church of Atlanta, Georgia, which is the sole member of the following limited liability companies and owns or has owned the campus known as Camp Westminster in Conyers, Georgia; Camp Westminster, LLC, which conducts the ministry known as Camp Westminster; or Christian Camp Properties, LLC, which owns or will own the campus known as Camp Westminster (each of the foregoing identified in this document as a "Camp"), and other good and valuable consideration, I, the undersigned participant and/or parent or guardian of the following participant(s),

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(each of us are identified in this Release as a "Participant"), authorize the participation of the Participant in any Camp activity, and release and promise to hold harmless each Camp, any provider of equipment or services to any Camp, and any lessor of property to any Camp, and the directors, managers, officers, employees, volunteers, and agents of the foregoing from all liability arising from or related to, directly or indirectly and completely or partially, any instance of participation by a Participant in any Camp activity, and promise not to sue any Camp for any such liability. I further authorize the free use of the Participant's name and picture in broadcasts and publications regarding Camp activities.

Covered liability includes any liability, cost, or claim for any damage, death, disability, injury, illness, or other harm to person (mental or physical) or harm to or loss of property, whether or not caused by the negligence of a Camp or any of its employees, volunteers, or agents. A Camp activity is any activity that a Camp sponsors or conducts, any activity that takes place on its property, and any activity in which is used real or personal property (including equipment and animals) owned or leased by or to a Camp. Liability arising from or related to a Participant's participation in a Church activity may arise in whole or in part from a defect or imperfection in real or personal property (including equipment and animals) owned or leased by or to a Camp.

I provide the foregoing release and promise to hold harmless on behalf of myself and each other Participant, and on behalf of our heirs, administrators, executors, and assigns.

I sign this Release recognizing the inherently dangerous nature of participation in Camp activities, and that such participation may result in injury, illness, permanent disability, or death, and I knowingly and freely assume all such risks. Each Participant recognizes as well that participation in any Camp activity is completely voluntary. I represent to each Camp that no Participant is suffering or otherwise experiencing any medical or physical condition that may prevent him or her from participating in any Camp activities safely and without illness or injury.

Finally, I agree that any Camp may dismiss any Participant from participation for failure to comply with any safety or other rules imposed by the Camp for participation in any Camp activity or use of any property owned or leased by or to a Camp, or for engaging in unsafe behavior. If a Participant observes any unusual or unnecessary hazard during his or her participation, he or she will bring such to the attention of the nearest Camp staff member as soon as possible.

I understand that by signing this Release I may be giving up substantial rights. The attached special provisions and requirements, if any, are part of this Release. I further understand and agree that the considerations given for this Release are not to be construed as an admission on the part of any Camp of any liability whatsoever. I sign this Release on behalf of myself, the Participant, and the family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns of myself or the Participant.

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I hereby give permission to the medical personnel selected by the camp director or other person given such selection authority by a Camp (hereinafter called "camp director") to order X-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation, for me or my child. In the event my child or I experience a medical emergency, and Camp personnel try but fail to reach me or under the circumstances are without sufficient time to try to reach me, I hereby give permission to the physician or other medical personnel selected by the camp director to secure and administer treatment, including hospitalization, anesthesia, surgery, and injections of medication for me or my child.

**INSURANCE INFORMATION**

Is each Participant covered by family medical/hospital insurance? \_\_\_\_\_ Indicate carrier or plan name \_\_\_\_\_

Name of insured \_\_\_\_\_ Group # \_\_\_\_\_

Social Security number of policyholder or insurance ID number \_\_\_\_\_

Relationship of policyholder to Participant \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (if adult), Parent, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## SPECIAL PROVISIONS AND REQUIREMENTS RELATED TO HORSEBACK RIDING

Liability to which this release and this promise to hold harmless apply includes, but is not limited to, loss, damage, injury, liability, and claims caused by, arising from, or related to: (a) any defect or imperfection of any equipment or structure used in connection with horseback riding activities; (b) the condition of any trail or other riding area, pasture, stall, barn, corral, or any part of the real property used at any time in connection with such horseback riding activities; and (c) any action or movement on the part of the animal used in connection with such horseback riding activities.

**I further understand and agree that horseback riding activities as used herein mean any activity in which horses, donkeys, ponies, or similar animals, and or wagons, carriages, surreys, or similar vehicles, or any feed or equipment related to such animals may be at any time in use, regardless of whether or not such items or animals are in use at the time of the injury.**

Due to the inherently dangerous nature of horseback riding activities, each Camp requires that participants wear long pants and an industry-approved horseback riding helmet, and recommends that participants wear appropriate footwear that includes heels. EACH CAMP WARNS PARTICIPANTS THAT WHILE WEARING SUCH A HELMET AND FOOTWEAR DOES NOT ELIMINATE THE RISK OF SERIOUS INJURY OR DEATH, FAILURE TO WEAR SUCH A HELMET AND FOOTWEAR SIGNIFICANTLY INCREASES SUCH RISK.

**WARNING:** Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

## SPECIAL PROVISIONS AND REQUIREMENTS RELATED TO PAINTBALL

I understand that the risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will help to reduce this risk, the risk of serious injury cannot be eliminated. I understand as well that the activities of paintball are physically and mentally intense.

## SPECIAL PROVISIONS AND REQUIREMENTS RELATED TO ROPES COURSES AND CLIMBING TOWERS

I recognize that negotiating ropes courses and climbing towers are physically and emotionally demanding activities, and include climbing, jumping, and other rigorous activities on natural and man-made structures that may be on the ground or at low, medium, or high distances from the ground. I understand that the risks of injury in negotiating ropes courses and in climbing towers is significant and may arise from the condition of the course or the tower, terrain, weather, the Participant's athletic or physical condition, the negligence of the Participant or other persons, or other circumstances. Those risks include but are not limited to the following risks, which a Participant may reduce but not eliminate by the following protective measures:

Risk	Protective Measure
Striking by falling object	Be alert at all times and look up before walking near or under course or tower. Wear a helmet.
Catching of hair, clothing, jewelry in pulleys or other parts of course or tower	Tie long hair back. Remove rings, dangling earrings, watches, etc., and wear proper clothing, avoiding loose sleeves. If caught, remain calm and ask staff for help.
Injury or discomfort from improper wearing of harness	Tie harness as secure as possible and check for any loosening throughout the day. Have tied harness checked by staff members. Do not hesitate to ask staff questions or inform staff of any doubts you may have about the fit of the harness. Do not proceed unless comfortable.
Scrapes and cuts	Climb within abilities. Wear proper clothing.
Death or serious injury	Wear proper safety gear. Check carabiners to assure they are secure. Make sure belayer is ready before beginning climb. Do not hesitate to ask staff questions or inform staff of any doubts you may have about the security of the harness or other safety gear. Do not proceed unless feel secure.

Each Participant will respect the rights and feelings of other participants in these activities, and will act in a supportive and caring manner during his or her participation.