

Attendee Name (Last, First) \_\_\_\_\_ , \_\_\_\_\_

**Sweatshirts available for a cost of \$5 please select size**

Adult: S M L XL 2X 3X

*Must register by January 10 to receive a sweatshirt.*

**ANY ATTENDEE 18 OR OLDER WHO WILL BE ROOMING WITH MINORS MUST COMPLETE A BACKGROUND CHECK CONSENT FORM.**

**Items to bring to Winter Fest:**

Toiletries: Toothbrush/paste, deodorant, soap, shampoo, brush/comb, Sheets, blankets, towels, pillow, extension cord, athletic wear, clothes for church, jacket/coat, hat, gloves, camera, flashlight.

**Items not to bring:**

Weapons of any kind, secular music, hand held games, or fireworks of any kind.

**GLCCM OFFICE USE ONLY**

Date application Received \_\_\_\_\_

Tuition Price \_\_\_\_\_ Deposit \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Money Order \_\_\_\_\_

Total Balance Due \_\_\_\_\_

Final Payment \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_

**Sleeping Quarters:**

Cabin # \_\_\_\_\_ Cabin Leader \_\_\_\_\_

Special Notes: \_\_\_\_\_

**Health Screening**

Camper Screened by (initials of Camp Medical Officer) \_\_\_\_\_

List of all Meds camper is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Directions for taking Medications \_\_\_\_\_

Please initial to confirm that all meds have been given to and discussed with the camp Medical Officer

Parent/Guardian \_\_\_\_\_

Medical Officer \_\_\_\_\_

**WINTER FEST 2022 [FEBRUARY 18-220]**

**R E S E T**

FOR I AM ABOUT TO DO SOMETHING NEW

GREAT LAKES CONFERENCE AND CAMPING MINISTRIES LLC

Tuition Price: By **Jan. 10** \$140

Tuition Price: By Feb. 1 \$160

Tuition Price: After Feb. 1 \$180

2 ADULT LEADERS, INCLUDING PASTORS, PER CHURCH MAY QUALIFY FOR DISCOUNTED RATE OF **\$125** IF REGISTERED BY **1/10/20**, ALL LEADERS SUBJECT TO APPROVAL.

**Registration Info:**

Send completed application and **\*\$60.00\*** non-refundable deposit made out to: Church of God of Prophecy

**Mail To:**

GLCCM  
2048 S Peggy Lane  
Scottsburg IN 47170.

*\*DEPOSITS MAY ONLY BE TRANSFERRED TO A NON-REGISTERED ATTENDEE WHO MAY TAKE THEIR PLACE\**

**Please read carefully and sign in each space where signatures are needed. Application must be filled out in its entirety and notarized to be accepted.**

**Contact Information**

**Coordinators:** Becky Dudding 812-595-5114, Mary Jo Pearson 765-432-6289

**Coordinator/Directors:** Clarence and Rosie Berry 224-277-0918

**Regional Youth Director:** Stetson Harper 313-806-2430

Lake James Christian Assembly Campground, 1880 W 275 N, Angola, IN

**www.ljca.org**

**260-833-2786**

### Personal Information

Attendee Name (Last, First) \_\_\_\_\_ , \_\_\_\_\_

(Circle one) Male Female Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Local Church: \_\_\_\_\_ Pastor \_\_\_\_\_

**Are you registering as a student, collegiate or leader? (Please Circle One )**

Jr./Sr. High School 12-17 Collegiate 18-23 Leader (Background Check Required)

NAME (S) OF ADULTS CAMPER (If minor) **"MAY"** BE RELEASED TO AT THE CLOSE OF CAMP.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

ANY PERSON (S) CAMPER **"MAY NOT"** BE RELEASED TO:

### Personal Medical Information

GLCCM provides medical coverage for those without medical insurance. For the duration of the attendees stay. Our insurance is also a secondary rider for those who have insurance.

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Information:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

### Health Appraisal

Is there any physical or behavioral condition that would prevent the student from being functional in the camp environment? [ ] NO [ ] YES *If yes, please explain below*

Is your child having any of the problems listed below?

HAY FEVER ASTHMA WHEEZING SHORTNESS OF BREATH ECZEMA  
FREQUENT SKIN RASHES ALLERGIES OR REACTIONS (FOR EX. FOOD, MEDS, OR OTHER)

**Date of last tetanus shot** \_\_\_\_\_

### Health History

Heart trouble Convulsions/seizures  
Diabetes Menstrual problems  
Speech problems Frequent colds, sore throat, earache (4 or more a yr.)  
Dental problems Trouble passing urine or bowel movements  
Sleepwalking Bed wetting  
Other

Please explain any problem identified above:

Do we have your permission to administer over the counter medications in case of an emergency? (Ex: Tylenol, Benadryl, Bacitracin, Pepto-Bismol, Ibuprofen, etc)

Yes \_\_\_ No \_\_\_

**Please list any over the counter medications we MAY NOT administer.**

## Promoting a Healthy and Christian Environment

GLCCM strictly enforces that no camper is allowed under any circumstances to have or partake in alcohol, drugs, smoking, or use of tobacco in any form. Should a camper disregard this policy, the parents will be contacted and the camper may be sent home without any refund of tuition. *We also reserve the right to search all belongings to better serve the total camp.*

### Camper Agreement

I understand that I or my parents will be held financially responsible for any damages I may cause. By signing this application I am agreeing to abide by all Winter Fest rules. In case that I do not, the Winter Fest staff reserves the right to send me home without any refund of tuition.

Camper Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

In the event of accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact me by the Winter Fest Staff. If I am not able to be reached, or for immediate treatment, I hereby give my permission for the staff to secure proper medical treatment, including but not limited to hospitalization or surgery.

Parent/Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

Pictures of your child may be used for promotional purposes of the GLCCM. These photographs may be used in publications, or in audiovisual presentations, promotional literature, and advertising or in other similar ways. It is required that each participant have the following release form signed in order to attend Youth Camp or Winter Fest.

I/WE \_\_\_\_\_, the parent (s) Guardian (s) of \_\_\_\_\_ hereby give GLCCM and their legal representatives the right and permission to publish, without charge, photographs taken during Youth Camp or Winter Fest events. I understand the usages of these photographs are for promotional purposes and precautions will be taken to ensure that all photos will be appropriate for advertisement. We hereby warrant that we are over (18) years of age and are competent to sign on behalf of the child.

Parent/Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

### NOTARY SIGNATURE AND SEAL IS REQUIRED FOR APPLICATION TO BE ACCEPTED

This form is to inform and assure authorities that Great Lakes Camping Ministries is not accepting minors into their camp without parental or guardian consent.

I/We authorize (minor) \_\_\_\_\_ to attend Camp on the dates of February 18-20, 2022.

Parent/Guardian of minor Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_

**Over 18** Sign here **X** \_\_\_\_\_ Date \_\_\_\_\_

Sworn to, and signed before me a Notary Public

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_

Notary place stamp or seal here:

# COVID-19 GREAT LAKES CONFERENCE & CAMPING MINISTRIES, LLC GENERAL RELEASE OF LIABILITY

## CAMPER

I, \_\_\_\_\_ ("Participant") acknowledge the extremely contagious nature of the worldwide pandemic, COVID-19, and that many federal, state, and local governments and health agencies have recommended protocols such as social distancing, temperature checks, and facial coverings. Great Lakes Conference & Camping Ministries, LLC, cannot guarantee I will not become infected with COVID-19. I agree, represent, and warrant that I will not participate in the gathering held on the Lake James Campground premises ("Event"), whether taking place inside or outside the premises, if I 1) experience symptoms of COVID-19, or 2) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Great Lakes Conference & Camping Ministries, LLC, immediately if I believe any of the foregoing use restrictions apply. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 by participating in the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Great Lakes Conference & Camping Ministries, LLC, and Lake James Campground, employees, other contractors, volunteers, and other participants. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, I may experience or incur in connection with my participation in the Event. I release and forever hold harmless Great Lakes Conference & Camping Ministries, LLC, and Lake James Campground, its board, directors, officers, employees, agents, contractors, parent organizations and/or subsidiary organizations, and affiliates as well as the Released Parties from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree this release includes any claims based on the actions, omissions, negligence or gross negligence of Great Lakes Conference & Camping Ministries, LLC, and Lake James Campground, its board, directors, officers, employees, agents, contractors and affiliates, whether a COVID-19 infection occurs before, during, or after my participation in any Event.

IN WITNESS WHEREOF each party hereto has executed this Waiver by its authorized signatory as of the day, month, and year indicated below, and the Waiver becomes effective upon the date of the last signature hereto. If Participant is a minor (under the age of 18), the signature of parent/guardian, below, is required.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# GREAT LAKES CONFERENCE & CAMPING MINISTRIES LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the following activities offered by the Great Lakes Conference & Camping Ministries, LLC ("Great Lakes"), including, but not limited to, the sport of Archery Tag®, Knocker Ball®, wall climbing, zip line and other extra-curricular activities (the "Activities"), I hereby agree that:

1. I understand the nature of the Activities may include, but are not limited to the following: physical activities (e.g. running, jumping, climbing); physical exertion such as lifting; spending extended periods of time outdoors and being exposed to the elements (sun, wind, rain); and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activities.
2. I fully understand that certain risks are inherent in participation in the Activities. These risks may include, but are not limited to serious bodily injury which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my own participation in the activity.
3. I understand that my participation in the Activities is entirely voluntary and at my own risk. I fully understand the scope of the Activities and the potential risks involved with each activity. I agree to assume the risks of my participation in the Activities including the risk of catastrophic injury or death.
4. I understand and agree that Great Lakes does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property, and that Great Lakes strongly recommends that I carry my own health, medical and property insurance for purposes of potential losses related to the Activities.
5. I hereby release and fully discharge, and covenant not to sue Great Lakes Conference and Camping Ministries LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and any applicable, owners and lessors of the premises (collectively "Great Lakes and Third Parties") on which the activity takes place from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Great Lakes and Third Parties or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver or liability, and assumption of risk I, or anyone on my behalf, makes a claim against Great Lakes and Third Parties, I will indemnify, save, and hold harmless each Great Lakes and Third Parties, from any loss, liability, damage, or cost which any may incur as the result of such claim.

## PARENT CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Great Lakes and Third Parties from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Great Lakes and Third Parties or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Great Lakes and Third Parties, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Great Lakes and Third Parties from any litigation expenses, attorney fees, loss liability, damage, or cost any Great Lakes and Third Parties may incur as the result of any such claim.

The signatures on this document bind the signee(s) to all consents, releases and waivers as spelled out in this form.

I have read this RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I understand that I have given up substantial rights by signing and have signed freely and without any inducement. I represent and certify that my true age is at least 18 years old, or if I am under 18 years old, my parent or legal guardian has also signed the Agreement.

Name of Participant \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_  
If Minor

Participant or Parent/Legal Guardian Signature **X** \_\_\_\_\_

Date: \_\_\_\_\_

