



OCTOBER 27- 29

STUDENTS (GRADES 6-12)

WARNER CAMP

\$150

villagebible.org/students

FINAL FALL CAMP FINAL INFO

OCTOBER 27-29, 2017

Bring: Bible, pen or pencil, sleeping bag, pillow, change of clothes for 2 days, gym clothes, towel & wash cloth, toothbrush, toothpaste, soap, shampoo, deodorant, comb, warm clothes, and layers of clothes, and a talent for the "Talent Show".
Bring a "sack dinner" for dinner on the way up on Friday, October 27.

What Not To Bring: Alcohol, tobacco, fireworks, pocketknives, air soft guns, or items of that sort.

Cost: Regular \$150 **Registration Deadline Oct 22.** Early bird-\$120 by Oct. 8.

Meet at Village Bible Church: 3:30 PM on Friday, October 27.

Arrive back at Village Bible Church Sugar Grove Campus: Around 5pm on Sunday, October 29.

Emergency #'s:

Mario Arindaeng: 630.361.2436

Jeremy Anderson: 630.631.9749

Warner Camp, Grand Junction, MI, 49453: 269.434.6844



Village Bible Church Permission Slip

Fall Camp 2017

October 17-29, 2017

Name: _____



I give permission for my child to join the Village Bible Church Student Ministry to go to Warner Camp in Grand Junction, MI on Friday, October 27 – Sunday, October 29, 2017. I understand that the group will be traveling by adult driven vehicles.

I hereby release Village Bible Church, its staff and sponsors from responsibility and liability for any injury or illness that my child, _____, may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-ray examination; medical, dental or surgical diagnosis; treatment; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state of Illinois, Indiana or Michigan, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or legal guardian _____

Printed name of parent or guardian _____

Phone number during the event _____

Date _____





Village Bible Church Permission Slip
Paintball at Fall Camp 2017 - HIGH SCHOOL ONLY
October 27-29, 2017

Name: _____

I hereby release Village Bible Church and Warner Camp, its staff and sponsors from responsibility and liability for any injury or illness that my child, _____, may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-ray examination; medical, dental or surgical diagnosis; treatment; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state of Illinois, Indiana or Michigan, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian _____

Printed Name of Parent or Guardian _____

Phone Number During the Event _____

Date _____



Paintball

HIGH SCHOOL ONLY

Space is limited to the **FIRST 20 HIGH SCHOOL STUDENTS** to turn in **BOTH** the money and permission slip. **MONEY AND PERMISSION SLIP MUST BE TURNED IN FOR REGISTRATION TO BE COMPLETE.**

\$20.00 per person

The above rates include a semi-auto paintball gun, free air fills and goggles/facemask, and 200 painballs.

Additional paintballs can be purchased at additional cost:
 100 rounds.....\$5.00

Please Note: Only paintballs purchased at Warner Camp will be allowed on the paintball field.

Warner Camp --Mitch Rossen Climbing Wall Zip Line

RELEASE & INDEMNITY AGREEMENT & CONSENT FOR MEDICAL TREATMENT.

I understand that, before I will be allowed to use the climbing Wall/Zip Line at Warner Camp, I must listen to and adhere to Warner Camp's Climbing Wall Zip Line orientation, belaying techniques, climbing techniques, and proper climbing wall etiquette.

As part of the consideration for participating in the climbing wall/Zip Line being offered by Warner Camp, I hereby release, hold harmless, and forever discharge Warner Camp, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating on the climbing wall/ Zip line.

I understand that the risks associated with climbing wall activities include, but are not limited to Injury, disability or death resulting from:

1. Falling from the climbing wall and impacting against wall surfaces or projections or the ground;
2. Rope abrasion, entanglement or other activities Involving ropes on or near the climbing wall such as climbing, belaying, rappelling, lowering on rope, rescue systems, and other rope techniques;
3. Contact with falling climbers or dropped objects;
4. Musculoskeletal injuries resulting from the physical stress of climbing and/or belaying;
5. Failure of ropes, slings, harnesses, climbing hardware, anchor points, other climbing equipment or any part of the climbing wall;
6. Cuts and abrasions resulting from skin contact with the climbing wall.

I understand and acknowledge that Warner Camp does not permit any un-roped activities, such as traversing and bouldering without a spotter. I further understand and acknowledge that Warner Camp requires the use of safety helmets. In the event of illness or injury, I hereby authorize the senior staff or supervisory staff or other agents to obtain emergency or other medical treatment for me as deemed necessary, in case of emergency, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of hospital care being required but is given to provide authority and power on the part of the Camp to give specific consent to the diagnosis, treatment, or hospital care which, in the best judgment of a licensed physician, is deemed advisable. I agree that a photocopy of this signed release and consent form as

effective as the original, and recognize that neither Warner Camp, or staff or other employees or agents assumes responsibility for, nor do they have any liability for, the medical assistance and care which may be so selected and provided.

I further agree to indemnify and hold harmless Warner Camp, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in this activity, except that caused by the negligence of Warner Camp, its employees or agents.

This release and indemnity agreement is binding on myself, my heirs, assigns, and personal representatives. I acknowledge that I am 18 years old or older. If I am not at least 18 years old, I understand that my parent's or guardian's signature must appear below before I will be permitted to participate in the activity.

Participant Name

Signature of Participant/ Signature of Parent or Guardian (if participant is under 18)

Date: _____