



**Registration is first-come-first-served and closes October 2nd.
There are limited spots available so register today!**

Trip Description:

This retreat gives students the chance to engage in several experiences designed to help them grow in their discipleship journey by digging deeper than we can on Sunday nights. It is geared toward the student who wants to go deeper in their faith. Our goal is to light a fire, a yearning in students to want to continue that journey when they return. Students will be staying at **Rock River Christian Camp (16486 Illinois 64, Polo, IL 61064)** for the duration of the event.

Frequently Asked Questions:

Who is this trip open to?

This event is open to students in grades 6 through 12.

What should I bring/not bring?

Please see attached checklist.

How do I pay?

Please contact us in advance if you would like to send a check. Otherwise the online registration process will accept credit/debit cards. We do have several scholarships available. Please contact us to request one.

What does the registration fee cover?

Room, board, transportation, and quality programs for the students. It DOES NOT cover the \$25.00 for paintball. Paintball is optional, if you would like to participate, please let us know in advance and please bring cash which will be paid directly to the campground. Do friends come free? Unfortunately, the cost of this retreat prevents us from allowing friends to come free, though scholarships may be available.

Who can I contact if I have questions?

Gwen Johnson (gjohnson@fellowshipoffaith.org) is the point leader for this trip. The emergency number is (630) 290-1396.

What should I do if I have to back out at the last minute?

Please contact Gwen immediately. We will have already told the camp that you're coming and have also booked our transportation accordingly.

Basic Trip Itinerary:**Friday, October 7 @ 5:30pm**

Student drop off at Fellowship of Faith (6120 Mason Hill Rd, McHenry, IL 60050) for check-in. Transportation to camp ground will be leaving promptly at 6:00pm.

Friday, October 7 – Sunday, October 9

Students will be participating in several challenging activities, engaging in small groups as well as experiencing personal reflection time all weekend long.

Sunday, October 9 @ 6:00pm

Please make arrangements for your student to be picked up from Fellowship of Faith by 6:00pm.

Checklist of things to bring:

- _____ Boulder's paperwork (see below)
- _____ Prescriptions with clearly written instructions in a zip top bag to be given to the leaders at drop off.
- _____ Sleeping Bag
- _____ Pillow
- _____ Towel
- _____ Toothbrush
- _____ Toothpaste
- _____ Brush/comb
- _____ Shampoo
- _____ Soap
- _____ Flashlight
- _____ Bug spray
- _____ Clothes to play & get dirty in
- _____ Good walking shoes
- _____ Sun block
- _____ Bible (as in a physical copy!)
- _____ Notebook & pen
- _____ Reusable water bottle
- _____ \$25 IF YOU PLAN ON PAINT BALLING

*** BRING EXTRA CLOTHES/DIRTY CLOTHES FOR PAINTBALL

Code of Conduct

Failure to follow the code of conduct set out by the Boulder Leadership team will result in your student being sent home immediately. The parent/guardian will be called and required to come to the **Rock River Christian Camp (16486 Illinois 64, Polo, IL 61064)** to pick up their student immediately, regardless of hour. A student will be sent home for breaking any of the following rules.

1. Inappropriate actions with the opposite sex.
2. Acts of violence or talk of violence towards anyone (including themselves).
3. Using or being caught with alcohol, tobacco, or any narcotic.
4. Leaving the grounds for any reason.
5. Using or being in possession of fireworks of any kind.
6. Intentional destruction or defacing of the church, camp, grounds, or other property.
7. Acts of defiance or disrespect towards any staff.

Parent/Guardian Commitment

I, _____, parent/guardian of _____ have read the Code of Conduct. I accept that if my student fails to follow the Code of Conduct I will be required to drive to the **Rock River Christian Camp (16486 Illinois 64, Polo, IL 61064)** to pick up my student regardless of hour.

Parent/Guardian Signature

Date

Student Commitment

I, _____, have read the Code of Conduct. I accept that if I fail to follow the Code of Conduct my parent/guardian will be required to drive to the **Rock River Christian Camp (16486 Illinois 64, Polo, IL 61064)** to pick me up regardless of hour. I pledge to honor Christ with my actions at this retreat.

Student Signature

Date

**Fellowship of Faith's Student Ministry
Minor Travel General Release and Hold Harmless Agreement**

Participant's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Emergency Phone: _____

Contact: _____

Relationship to participant: _____

Specific activity: Boulder Fall Retreat 2022

I, _____, am the parent or legal guardian of the above-listed participant (a minor), who desires to participate in various programs, events, or activities operated or sponsored by Fellowship of Faith Lutheran Church, McHenry, IL. I understand and acknowledge that Fellowship of Faith will not allow my child to participate in any activities without releasing the holding Fellowship of Faith harmless from any liability arising out of participation in the activities. I have investigated the risk involved in my child's participation in the activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that my child may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I REQUEST THAT THE CHURCH ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF FELLOWSHIP OF FAITH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANDOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE CHILD PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. I acknowledge and agree that I have given my consent for my child to remain in the custody of the Fellowship of Faith's representatives while participating in the activities whether on or off-site. This Agreement is binding on my child's, successors and personal representatives.

Initial _____

Medical Treatment Authorization and Power of Attorney

In the event my child suffers an injury or condition during his/her participation in the activities, including transportation to and from an activity, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me or my spouse have been unsuccessful, I hereby appoint Fellowship of Faith's staff as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care/medical treatment, hospitalization and health care. This power of attorney and delegation of authority will terminate when the agent is first able to contact me or my spouse.

Initial _____

Media Release

Regarding photographs of my child taken at any Fellowship of Faith events, I give Fellowship of Faith permission to do the following for nonprofit use and without charge: use at the discretion of Fellowship of Faith, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Fellowship of Faith non-profit publication, display on the Fellowship of Faith website, or use quotes and video clips on the website or online social media.

Initial _____

The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian

Signature

Date



Release and waiver of liability, assumption of risk and indemnity agreement for participants and spectators.

The Rock River Christian Camp (hereinafter known as RRCC); the undersigned agrees to indemnify, release, hold harmless, and discharge RRCC and its owners, officers and employees on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge the sports of paintball and other related activities are inherently dangerous and carry an assumption of risk. I authorize the RRCC to contract with an ambulance service should they feel it appropriate for the circumstance. I will be responsible for all charges associated with such service.
2. I, the undersigned, further am aware that risks, hazards and dangers necessarily increase when using man made or naturally occurring obstacles, including but not limited to paintball bunkers, trees, logs, forts, ditches, creeks, bluffs, wooden barricades, tape lines, or any other structure and device and that potential personal injury, death, disability, paralysis, emotional injury, property damage, and other unanticipated injuries may result from my participation in activities held by RRCC.
3. Risks include, but are not limited to: collision with other participants, the trees or other fixed objects and fixtures, falling down, my own equipment failure or the failure of other participants' equipment, my own negligence or others, unregulated guns, unsafe tanks, poorly manufactured goggles, improperly manufactured paintballs, guns intentionally or unintentionally altered with "cheater modes" or features, colliding with non-participants, such as staff, media personnel, spectators and referees.
4. These risks are further increased when other persons, whether or not of the same level of experience or skill are present at the same time and using the same facilities. These risks will vary from time to time and day to day based on participant levels, course design, set-up, equipment, type of event, and other factors.
 - a. I hereby expressly agree and promise to accept all of the risks existing in this activity. My participation is strictly voluntary. I further release, waive, discharge the owners, agents, officers, employees, volunteers, participants and all other persons or entities acting in any capacity for or with RRCC.
 - b. I certify that I have adequate insurance coverage in the eventuality any injury or damage I may cause or suffer while participating or other related usage of RRCC, its premises, or equipment. Should my insurance prove inadequate, I agree to bear all cost of any such injury or damage to myself or others, caused by my actions.
 - c. I further certify that participating in the strenuous activities at RRCC may aggravate any medical or physical conditions I may have whether know or hidden. I agree to accept all responsibility for my physical well being.

The undersigned understands that participants are required to wear adequate head, face and eye protections while participating and the use of additional protective gear including chest protectors, neck guards, footwear, elbow and knee pads is recommended. Participants are required to follow all rules of conduct and are not to take unreasonable risks while using the facility, including causing any other players an unreasonable risk of harm.

I certify that I am at least 18 years old. I have completely read and understand this waiver and accept all its terms. I understand that I have given up substantial rights by signing it. I further understand the release is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that should any portion thereof be held invalid, agree that the balance shall, notwithstanding, continue in full force and effect. I am signing freely and voluntarily without any inducement, assurance or guaranty being made to me. Prior to signing this waiver and release, I have had the opportunity to ask any questions concerning the waiver and release, RRCC and the paintball facility.

(PRINT) Participants Full Name: _____ (Minimum age 10 years old)
Address: _____ City, State, Zip Code: _____
Date of Birth: ____/____/____ Home Phone: (____) _____ Email: _____
Emergency Contact Full Name: _____ Emergency Contact Phone: (____) _____
Signature (only if 18 years or older): _____ Date: ____/____/____

BELOW REQUIRED IF THE ABOVE PARTICIPANT IS UNDER 18 (10-17 YEARS OF AGE).

Signature of Parent or Legal Guardian: _____ Date: ____/____/____
Parent or Legal Guardian Email: _____ Phone Number: _____