



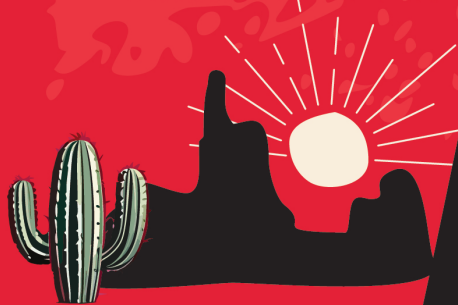
Wild Wild West Crossroads Farm Winter Retreat

**FEBRUARY
23-25**

**STUDENTS
GRADES
6th - 12th**

**Registration deposit
of \$25 holds your spot.**

Total cost \$125



Why Come?

What if God has something just for you? It's going to be an awesome weekend!! David McDonald will be our speaker, Anthem Worship will be leading worship, and between the tubing, gym, coffee house, hanging out together, and a special surprise-you won't want to miss it!



WWW.CROSSROADSFARM.ORG

517.283.3982



Crossroads Farm

5520 W. Card Rd.
Reading, MI 49274

(517) 283-3982
www.crossroadsfarm.org

Winter Retreat - Permission Slip

Friday, February 23rd
through
Sunday, February 25th, 2024

Please print in ink:

Male

Female

First Name _____

Last Name _____

Age _____ Birthday _____ Year in school _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Medical Insurance Company _____

Policy # _____

Mother's Name _____

Phone _____ Work Phone _____

Father's Name _____

Phone _____ Work Phone _____

Emergency contact _____

Phone _____ Work Phone _____

Physician _____ Phone _____

MEDICAL CONDITIONS

One person he/she would like to room with _____

My son/daughter has a performance or game and needs

to ride the late bus:

Yes

No

(See Backside)

Students

For your information, we expect each student to conform to these rules of conduct.

No possession or use of alcohol, drugs, tobacco or vape. No students can drive. No fighting, weapons, lighters, or explosives.

No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and adult leaders. Respect and comply with event schedules.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct.

I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____

Date: _____

Parents

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crossroads Farm and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Crossroads Farm. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crossroads Farm, Executive staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crossroads Farm, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Crossroads Farm staff member.

Parent/guardian signature: _____

Date: _____

Adventure Activities Participant Agreement

- I am voluntarily agreeing to participate in adventure activities (e.g. high ropes, climbing walls, challenge initiatives), and I understand I have the right to limit my participation in any activity that I believe will compromise my safety.
- I understand these activities require minimum levels of fitness, ability, and health (physical, mental, and emotional), and that I am responsible to know my own condition and limitations and should not participate if I suspect my health could be at risk for any reason, or if a pre-existing condition could be aggravated.
- I will not participate if I have any of the following conditions: a recent surgery or illness; heart conditions, high blood pressure, or aneurysms; neck, back, or bone ailments; pregnancy; or under the influence of alcohol, drugs, or medication that impairs my physical, mental, or emotional abilities.
- I understand these activities have significant and inherent risks (e.g. cuts, bruises, dislocations, fractures, or fatality); and that these types of injuries may result from my own actions, from the actions of another participant, or from a combination of both; and that a number of these risks are beyond the control of Michindoh and its staff. I am assuming these risks voluntarily.
- I understand that Michindoh staff has the right to deny my participation and that it is my responsibility to follow the instructions, guidelines, and procedures established by the facilitators. If, at any time, I do not understand or have not heard specific instructions given by the facilitators, I realize it is my responsibility to ask for clarification and/or assistance before participation.

Medical Release

- If an illness or injury occurs during my participation, I give my consent to Michindoh employees and to emergency medical personnel to treat me if they deem it to be medically necessary, and to secure such medical advice and services they feel necessary for my well-being including emergency anesthesia and/or surgery.
- I agree to accept financial responsibility for any expenses and/or loss of income not covered by my insurance policy that results from my participation in adventure activities.

Liability Release

- I understand and assume all dangers and risks, known and unknown, associated with my presence at any activity or participation in or use of adventure activities, and waive, release, and discharge Michindoh and their agents, officers, and employees from any and all claims or causes of action arising from such presence or participation. I do hereby release Michindoh and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees. I do hereby agree to indemnify and hold harmless Michindoh and its agents, officers and employees for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.
- My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections above. In the case of the participant being a minor, the signatures below indicate both the minor and the parent/guardian agree to all of the sections above and have discussed the information together.

Participant Signature
(Minors must sign)

Name (Printed)

Date

Parent/Guardian Signature
(If participant is under 18 years of age)

Relationship

Date

Michindoh Adventure Activities Participant Health History

Participant Name _____ Insurance Company _____

Participant Address _____

This form is intended to remind participants of the seriousness of participation in adventure activities with a preexisting injury or other known medical condition which might be aggravated during participation or cause harm to others, and to collect basic health history in case of an emergency.

Questions

Participant Responses

- | | | |
|--|-----|----------------|
| 1. Do you have any preexisting injuries that could be aggravated during participation? | Yes | No |
| 2. Are you taking any current medications? _____ | Yes | No |
| 3. Do you have any allergies? _____ | Yes | No |
| 4. Have you had a recent surgery or illness? | Yes | No |
| 5. Do you have a heart condition, high blood pressure, or aneurysms? | Yes | No |
| 6. Do you have neck, back, or bone ailments? | Yes | No |
| 7. Do you have emotional or mental factors that could affect your participation? | Yes | No |
| 8. Is there any other information you feel is relevant to your participation? | Yes | No |
| 9. What is your level of physical activity in daily life? | Low | Medium High |

Please include any additional information you feel is relevant: _____

If you answered "Yes" to any question above, it is your responsibility to discuss that item with a medical professional, group leader, and/or Michindoh facilitator in order to make an informed decision about whether or not you should participate. Michindoh facilitators can only provide information regarding the activities to participants and cannot provide suggestions, approval, or advice on whether a participant should participate in light of the kind of information communicated on this form. Michindoh reserves the right to deny or stop participation of any participant at any time.

Emergency Contact Name _____ Relationship _____

Contact Number(s) _____

Participant Signature _____ Date _____
(Minors must sign)

Parent/Guardian Signature _____ Relationship _____ Date _____
(If participant is under 18 years of age)