



Youth & Young Adult Retreat 2024 – April 19-21, 2024
Camp Cedar Crest Liability & Medical Release Form
FOR GROUP LEADERS (Including Young Adults Serving as Group Leaders)

(Please complete this form AND submit NO later than April 10, 2024)

CONTACT INFORMATION:

Participant Name _____ Age _____ DOB ____/____/____ M F
 Address _____ City _____ State __ Zip _____
 Email _____ Home Phone _____ Cell Phone _____
 Church _____ City/State _____

HEALTH INFORMATION: (Please submit a copy of your insurance card.)

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____

Medications Currently Taking _____

Concerns Related to my physical condition that the camp nurse should be aware of:

Who to Contact in Case of Emergency:

Name _____ Relationship _____ Phone _____

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I certify that I will voluntarily participate in the Youth & Young Adult Retreat with the American Baptist Churches of Los Angeles, Southwest and Hawaii (ABCOFLASH) as a leader for my group. I understand that my responsibility is to supervise my group, ensuring they are in attendance for all scheduled activities, aware of and following the retreat guidelines and rules, and are in their cabin at night. I know that

if I discover a student from another group needing correction or reminding of expected behavior or attitudes, I have the authority to intervene. I will direct the youth to their leader if the offense is serious. I know that if I become aware of an issue of child abuse, I am a mandated reporter. Suppose a serious incident occurs, such as physical injury, resulting in a student being sent home, or anything that could potentially involve an insurance claim. In that case, I will fill out an incident report.

Further, I release and hereby agree to hold blameless ABCOFLASH and its employees and agents from any and every claim arising or which may be asserted by me or any member of my family because of participating in any activities associated with ABCOFLASH. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss determined by ABOFLASH or the event officials.

Further, I authorize the minister or sponsor of this activity or any ABCOFLASH staff member. If my emergency contacts cannot be reached, I consent to a physician and hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense incurred for said emergency treatment.

Check here if you are driving your vehicle to the retreat and that you accept the statements in this paragraph. If you are driving your vehicle, you must **submit a copy of your driver’s license and auto insurance card.** I understand and accept that in the event of an accident, my insurance will be primary regarding liability and medical coverage. I also understand and acknowledge that my church and ABCOFLASH will not provide nor cover physical damage coverage in any way. Property damage to my vehicle or the contents is within my responsibility.

My consent and signature is given below. I have read and agree to the information provided in this form.

Printed Name _____

Signature _____ Date _____