



WINTER XTREME at TIMBER LEE

This is a great time for our students to pull away together and build deeper relationships God and his family. There are a number of fun activities, a wonderful speaker, engaging times of worship and more. Please contact me if you have any questions.

Greg Lynas
 Pastor of Student Ministries
 pastorgreg@hefc.net
 214-274-9830

MEET @ Hope Church: FRI, Jan 19th @ 5:30

(Eat dinner before coming. A snack will be offered later that night.)

RETURN: SUN, Jan 21st around 2pm

Cost: \$120: A \$40 deposit is due to Greg Lynas **by Dec 3rd** to hold your spot.

(cost includes travel, lodging, most entertainment and meals. There are some activities that cost extra, but there is plenty included with this price)

Please fill out the form below and turn it in with your deposit.

Sign Me Up

By joining us for this retreat, students agree to respect and follow the authority of church and camp leadership, obey all guidelines for the retreat both stated and implied, respect the rights of others, and attend all group meetings and meals. Students also agree not to bring any fireworks, alcohol, pornography, tobacco or drugs. If a student does not comply in these areas, we will not hesitate to call the student's parents to come and pick up their son or daughter.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ DOB: _____

I hereby give permission for _____ to participate in the WINTER XTREME trip from JAN19th through JAN 21st, 2018. I do hereby release, forever discharge and agree to hold harmless Hope Evangelical Free Church from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in said retreat. Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in retreat activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employees and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I do understand and agree that my deposit is nonrefundable. It is also understood that my student will obey all regulations and follow instructions or be sent home at my expense without refund of monies paid.

(parent signature) _____ Date _____

(student signature) _____ Date _____

Emergency Contact Name: _____

Best number to be reached at: _____

Medical insurance carrier: _____

Policy/Group #: _____

Other information to notify staff of (allergies/other health problems):

I give permission to medical personnel to order x-rays, routine tests and treatment for my student's health in the event that he/she is in need of medical attention during the course of this trip. I give permission for her/him to be hospitalized and receive whatever treatment may be needed during this time.

Parent/Guardian signature: _____

Media Release

I authorize Hope E-Free Church to use photos or videos taken of myself or my family members for promotional purposes. At no time will these photos be used by unrelated organizations.

Parent/Guardian signature: _____