

The Great Escape at Twin Lakes Camp

Rising 6th Graders– Rising 9th Graders

July 26-31
\$400



Invite your friends and join us for an incredible week of summer fun at Twin Lakes Camp!

If you are familiar with Twin Lakes (Florence, MS), then you know that this camp has it all!

A High Ropes course complete with a zip line and rock climbing wall, archery and riflery, a pool and lake to swim in, canoes and Kayaks to race, basketball, volleyball, soccer, disc golf, a crud war, hammock island, air-conditioned cabins, good food, awesome programs, and all your new best friends!

The Great Escape is a retreat thoughtfully designed for middle school students.

It is organized by church youth leaders who know that a summer camp experience provides youth an unparalleled opportunity to build strong relationships with one another and their church leaders, and hear the gospel of Jesus Christ in an atmosphere where they feel comfortable and loved.

It is truly a great escape from the pressures of the world!

To register for camp, fill out the waiver on the backside of this flier and turn it in to Andrew Mills, either in person or by mailing it to the church with at least a \$100 non-refundable deposit.

Checks should be made out to Covenant Presbyterian Church and the words “The Great Escape” or “Youth Retreat” should be written in the memo line. A **packing list** and additional information will be emailed to parents closer to the start of camp.

Please note that **we have scholarship funds available**.

We believe strongly in this camp and will do what we can to help your youth be able to attend.

Simply email Andrew at AMills@CovenantPresJackson.org and ask for a scholarship form.

Covenant Presbyterian Church
4000 Ridgewood Road, Jackson MS 39211



Youth Conference Ministries Permission, Release & Consent Form

| 2021

GROUP LEADERS:



Make copies of this release form for each student in your group to complete. **They MUST have their parent or legal guardian sign the following release.** Youth Conference Ministries DOES NOT provide health insurance for campers. Attach a copy of their insurance card (if possible). 2 copies of this form are due at registration of the event (one for YCM and one for you to keep). **SEPARATE COVID-19 WAIVER MUST BE FILLED OUT AND INCLUDED WITH THIS FORM**

**ALL blanks MUST be filled in
for individual to attend.**

Event: The Great Escape Twin Lakes Date of Event: July 26—31

Church Name & Group Leader: Covenant Presbyterian Church, Jackson MS, Andrew Mills

Student Name (Please Print): _____

Address: _____

City, State, Zip: _____

Date of Birth (REQUIRED): _____

Home Phone: _____

Email Address: _____

Male Female Age: _____ Grade (Next Fall): _____

I hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by Youth Conference Ministries, Inc. (herein YCM). I hereby release, hold harmless and absolve YCM, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the YCM staff or any adult counselor acting on behalf of YCM with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that YCM may tape or photograph my child and record his or her voice during their participation in the activity. I agree that YCM will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing YCM whether during the activity or thereafter.

I hereby release and discharge Youth Conference Ministries in Chattanooga, TN and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable, I am listing any medical problems or allergies: _____

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: () _____ Emergency Night Number: () _____

REQUIRED Printed Name of Parent or Legal Guardian: _____

REQUIRED Signature of Parent or Legal Guardian: _____ **Date:** _____

PLEASE NOTE: SEPARATE COVID-19 WAIVER MUST BE FILLED OUT AND INCLUDED WITH THIS FORM



Youth Conference Ministries 2021 COVID Policies & Waiver

ALL blanks MUST be filled in
for individual to attend.

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT RELATING TO COVID-19 EXPOSURE, COVID-19 LIABILITY, AND COVID-19 RISKS

The persons to whom this Agreement applies are, as follows:

Participant Name(s): _____ Participant Age(s): _____

YCM Event: _____ Dates of Event: _____

Church: _____

Church Leader: _____

Policies:

As always, the safety of all who attend a YCM event is of paramount importance to our staff, volunteers, and the YCM Board. We are looking forward to being with those who will attend our events in 2021.

While it is impossible to know what the future holds, we are prayerfully hoping that the positive strides that we see being made in the fight against COVID, will allow many students and their leaders to attend our events. We all assume some risk related to exposure to COVID and any other communicable diseases where people are present.

YCM and our host facilities will meet all local and state requirements as well as heed recommendations from the Field Guide for Camps on Implementation of CDC Guidance prepared for the American Camp Association (ACA) and the YMCA of the USA.

The items in this document are being put into place to mitigate those risks to the best of our abilities. It remains that some of the items in this document are subject to change as we get closer to the summer. We will continue to update our procedures in cooperation with our host facilities and local authorities as needed.

Before camp:

- Healthy and safe summer events begin at home. We ask that student's parents monitor their student's health for 10 days prior to the start date of the trip. In addition, it is possible that at some venues we will ask for each person to present a current negative COVID test or a vaccine document.
- Students and/or leaders who are considered high risk for COVID or who live with family members who are high risk, should either elect not to attend the event or be prepared to take additional steps to mitigate that risk, before, during, and after the YCM event.

During Camp:

- Daily screening may be implemented at some venues, which will include touchless temperature checks and could include a COVID symptoms questionnaire.
- Housing, mealtime seating, meetings, and workgroups will be limited to church groups being kept together as family units, while practicing social distancing between other family groups.
- Outside facilities will be utilized when and where they are appropriate and available.
- On mission trips, contact with the owners of the homes where we will be working will be limited, or possibly eliminated, with social distancing, depending on the specific situation.
- If at any time anyone becomes ill or displays COVID symptoms, that person or persons will be isolated; upon guidance from camp leadership, youth leaders, parents and specific event venues, next steps will be made regarding the possibility of sending that person home.

- Daily sanitizing will be provided by, either the host facility staff, or the YCM staff, depending on the event that you are attending.
- All requirements set forth by the local and state authorities and the CDC will be adhered to concerning the cleaning of all parts of the facilities and could include the wearing of masks. The need for a mask will be determined closer to the camp dates.
- On mission trips, each person will be responsible for packing and labeling their own individual lunches. In addition, one person on each work site, with mask and gloves, will be selected to pass out food and refill water bottles.

After Camp:

- Each family should consider the level of risk for those living in the home and possibly have their student isolate for a time upon their return. Having the student get a COVID test should also be a consideration.
- Any student who tests positive within 7 days of returning from camp should report this to their group leader who will in-turn report it to YCM so that we can provide contact tracing with other groups from that same camp.
- It is always our intent to honor Christ and provide events that are safe and encouraging to those who attend. We trust that the changes listed here will enable us to fulfill that intent.

Waiver:

The Board of Directors for YCM has taken steps to implement certain recommended guidance and recommendations issued by public health agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the Board of Directors of YCM may revise its procedures at any time based on updated suggested guidance and recommendations issued by public health agencies and further agrees to comply with the Board’s revised procedures prior to said student(s) participation in any YCM programs. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by YCM, social distancing of 6 feet per person among attendees and their fellow participants or others is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of YCM and acknowledges that use thereof by the undersigned and/or such participating student may, despite the organization’s reasonable efforts to mitigate such dangers, result in exposure to COVID-19, or any other communicable disease, which could result in quarantine requirements, serious illness, disability, and/or death. YCM also reserves the right to ask an attendee to leave, without being reimbursed, if they have been exposed to or diagnosed with COVID-19 and failed to inform the Director, staff, or committee of YCM.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM YCM IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 DURING PARTICIPATION IN ANY PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I ALSO UNDERSTAND THAT IF I FAIL TO DISCLOSE EXPOSURE INFORMATION TO YCM I MAY BE ASKED TO LEAVE THE PROGRAM AT THAT TIME WITH NO REFUND OF PAYMENTS. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION AND I REPRESENT AND WARRANT TO YCM THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Parent/Guardian Name: _____ (Please Print)

Parent/Guardian Signature: _____ Date: _____