

Houston Area Celebration #21
Participant Application
Camp Cho-Yeh, Livingston, Texas
August 4-6, 2017

Applications are processed in the order in which they are received. There are a limited number of participant spots available so please send your application in early.

*The deadline for receiving Participant Applications is **July 26, 2017.***

Name _____ Name you go by _____
M/F _____ Birth date _____ T-shirt Size _____
Home Address _____ City, State, Zip _____
Your E-mail Address (please print carefully!) _____
Your Home Phone _____ Your Cell Phone _____
School _____ Grade ____ HS Graduation Year _____
Your Home Church and City _____
Who encouraged you to attend this weekend? _____
Parents' Names _____
Parents' E-mail Address _____ Parents' Cell Phone _____
Hobbies and Interests _____

Celebration is an opportunity to explore your faith and experience the love of Christ. If you're able to attend Houston Area Celebration #21, you agree to:

- ◆ exhibit appropriate Christian behavior and actively participate in activities during the weekend
- ◆ refrain from use of any illegal drugs, prescription drugs not prescribed for you, alcohol, or tobacco products
- ◆ accept and respect the decisions of the adult leaders during weekend

We're excited that you want to come to Celebration and look forward to seeing you there!

Participant signature _____ Date _____

Parent/guardian signature: _____ Date _____

Parent/guardian name (please print) _____ Home phone _____

Parents/Legal Guardians: Please read the Information for Parents and complete the Parental Consent on the back of the application and the next page.

Return this application and a \$140 check payable to Houston Presbyterian Pilgrimage to:
Carol Hunt, Houston Area Celebration Registrar, 4426 Vandermere Court, Kingwood, TX 77345
registrar@houstonareacelebration.org Phone: 281-352-3365

Applications are not processed until the fee is received or a request for a scholarship is made. Checks are not cashed until after the weekend. You can apply, pay your fee and/or request a scholarship on-line at www.houstonareacelebration.org

I would like to request a scholarship. (A minimum fee is requested of all applicants.)

Information for Parents

The total cost for Celebration #21 is \$140. With this form, please send a check for **\$140** payable to Houston Presbyterian Pilgrimage with the notation "Celebration #21 Participant Registration." If your student is in need of a scholarship, please check the box on the front of this form. Partial scholarships are available and confidential; however a minimal fee is required of all applicants. The registrar will discuss this with you. Your student will not need to bring any additional money. Depending upon where your son/daughter lives, local transportation to the camp may be provided. Prior to the weekend, further details about the weekend will be provided.

Parental Consent (Required)

Participant Name _____ Age ____ Birth date _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Houston Presbyterian Cursillo Council.

It's important that parents provide (or make advance arrangements to have another responsible adult or youth provide) transportation for their son/daughter home from Camp Cho-Yeh after the Sunday afternoon closing service. The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by an adult in whose care the minor has been entrusted during the activities sponsored by Houston Presbyterian Pilgrimage.

I authorize my youth to be transported by another youth on the return trip. Yes No **[PLEASE MARK ONE]**
If yes, state the name of the youth(s) authorized to provide transportation for your youth: _____

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. **(ATTACH COPY OF INSURANCE CARD)**

ALL Emergency Contacts and Phone Numbers _____

Please list any allergies _____

Please list all medications and dosage your student will need to take during the weekend:

(Please direct student to give any medications and detailed dosage information to a supervising adult upon arrival.)

Check if your student has any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma/Lung Problems | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Lymphatic |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergy | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Genitourinal | Tetanus up-to-date |
| <input type="checkbox"/> Psychiatric Disorders | <input type="checkbox"/> Hematological | YES NO (Circle one) |

Should it be necessary for our (my) child to return home due to medical reasons, lack of proper behavior or other reason, the undersigned shall transport our (my) child home from the retreat site or assume all transportation costs.

In the event of an accident resulting in injury or loss, I specifically agree to indemnify Houston Area Celebration, Houston Presbyterian Pilgrimage and their volunteers and agents from any liability for such accident, injury or loss to our/my child occurring on the retreat weekend including transportation to and from the weekend.

I authorize Celebration adults to make use of pictures or video taken during the weekend involving my youth which will be prepared to record the weekend for the participants and to provide publicity for future weekends. **(Signature Required.)**

Signature-Father/Legal Guardian Date or Signature-Mother/Legal Guardian Date



GROUP NAME:
Houston Celebration - HAC #21 2017

2200 South Washington Ave. Livingston,
TX 77351
Phone: (936)328-3200
Fax: (936)328-3231
www.cho-yeh.org

INDIVIDUAL ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

Each participant must fill out this form. All forms should be turned in to Camp Cho-Yeh before or upon arrival.

I wish to enter onto Camp Cho-Yeh's premises and to participate in recreational activities to be made available to participants at Camp and Conference Center, Inc. I am aware that there are a number of risks of injury and death at Camp Cho-Yeh. I am aware that Camp Cho-Yeh has a lake on site and has direct access to a swimming pool. Therefore, I may have the opportunity to participate in aquatic activities including, but not limited to, swimming, kayaking, fishing and any other activity arranged for me by the group leader and Camp Cho-Yeh's Staff. I acknowledge that it is the full responsibility of me (or legal guardian if under the age of eighteen) to decide on and carry out any activity restrictions I (or legal guardian) deem personally necessary. I acknowledge that non-swimmers or weak swimmers should not participate in aquatic activities. I understand Camp Cho-Yeh also offers activities on a Challenge Course. This Course includes elements as high as forty-five (45) feet high with which a belay system is used as well as low elements approximately six (6) feet high with which group spotters are used. I understand that Camp Cho-Yeh offers activities on a paintball course. I acknowledge that paintball is a strenuous activity in which participants can and do get injured including the lower body, mid-section, upper body, and head. In addition, marks are usually left on the skin when a paintball makes contact with a participant. I understand other activities include, but are not limited to, team and individual sports, miscellaneous games, and all aspects of camping. I am aware and understand that the activities discussed in this document are only some examples of risks of injury and death at Camp Cho-Yeh, and that these and/or other activities in which I participate during my stay at Camp Cho-Yeh (the "Activities") may be hazardous or otherwise involve a risk of physical injury or death to participants. I understand hazards include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons associated with the activities.

In consideration of Camp Cho-Yeh permitting me to enter upon premises owned or controlled by Camp Cho-Yeh, to participate in Activities at Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I agree as follows:

I expressly assume any and all risks of injury or death arising from or relating in any way to the following "Causes": (i) my ingress, egress or presence or activity on Camp Cho-Yeh's premises (including but not limited to participation in Activities defined above), (ii) the condition of Camp Cho-Yeh's premises, the adjoining land, or any of the driveways, streets, or alleys used in connection with Camp Cho-Yeh's premises, or (iii) the use or condition of any equipment on Camp Cho-Yeh's premises or equipment owned or controlled by Camp Cho-Yeh, or (iv) any act or omission of Cho-Yeh Camp and Conference Center, Inc., its affiliates, contractors, vendors, directors, officers, agents, sponsors, employees, staff, volunteers, or representatives of any kind (collectively "Releasees"). On behalf of myself, my dependents and personal representatives, **I hereby agree to waive and release any and all actions, claims, suits or demands of any kind or nature** whatsoever against the Releasees arising from or relating in any way to any of the Causes. I understand and agree that this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement means, among other things, that **if I am injured or die as a result of any of the Causes, I, my family, my heirs, and others cannot under any circumstances sue Releasees** or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify, to the extent permitted by the laws and constitution of the State of Texas, **Releasees** or any of them, and their subrogees, if any, in the event of any loss, damage or claim (including court costs and attorneys' fees) for my injury or death arising from or relating in any way to any of the Causes. **MY ASSUMPTION OF RISK, WAIVER, RELEASE, AND OBLIGATIONS TO INDEMNIFY THE RELEASEES UNDER THIS DOCUMENT SHALL APPLY TO LIABILITIES EVEN IF SUCH LIABILITIES ARE CAUSED IN WHOLE OR IN PART BY THE SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY OF ANY ONE OR MORE OF THE RELEASEES, WHETHER OR NOT SUCH SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY WAS ACTIVE OR PASSIVE.**

I understand and agree that I would not have been permitted upon premises owned or controlled by Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh had I not executed this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement.

I have read this Assumption of Risk, Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

I hereby consent to and authorize Camp Cho-Yeh to use and reproduce any photographs and/or video taken of me for the purposes of web and print media designs and publications, and I will not receive compensation for such use.

Date Signature of Participant Printed Name of Participant

Street Address City State Zip E-mail (optional)

FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Assumption of Risk, Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Date Signature of Parent Printed Name of Parent

Date Signature of Witness Printed Name of Witness

Emergency name and phone number in the event the above cannot be reached.

Printed Name of Contact Primary Phone Number Secondary Phone Number