

**Tentative Agenda:**

**Friday 4/8/2022**

**7:00-8:30pm**      **Arrival- Check-in and unpack**  
**8:30pm**            **Opening/Rules**  
**9:00pm**            **Worship**  
**11:00pm**          **Lights out**

**Saturday 4/9/2022**

**8:00am**            **Breakfast**  
**9:00am**            **Music/Large Group/Small group**  
**12:00pm**          **Lunch**  
**1:00pm**            **Service Project around Camp Tekoa**  
**3:00-5:30pm**      **Free Time- Lake, Canoes, Zip-line, etc.**  
**6:00pm**            **Supper**  
**7:00-8:15pm**      **Large Group/Music/Communion**  
**8:30pm-Until**      **Campfire**  
**11:00pm**          **Lights Out**

**Sunday 4/10/2022**

**8:00am**            **Breakfast**  
**8:45am**            **Clean Up**  
**9:45am**            **Student Led Worship**  
**11:00am**          **Depart**

## **What To Bring**

- Bible
- Flash Light
- Personal Toiletries (Towel, Soap, toothbrush, toothpaste, deodorant etc.....)
- Pillow, sheets, blanket or sleeping bag  
Bathing Suit
- Comfortable clothing (We will be in the NC mountains so bring clothing for both cold and warm weather.)
- Clothes should be appropriate for a Christian event  
One change of work clothes for Saturdays Service Project  
Money for Sunday's offering and anything you may want in the Camp Tekoa store.
- Snacks to Share

**\*\*\*ELECTRONICS\*\*\***- You may bring one electronic device, but only to use during the ride to and from Camp Tekoa- This is a time to Disconnect to the things that distract us and to Reconnect with God!



## 2022 Kannapolis Cluster Youth Retreat

United Methodist Camp Tekoa  
PO Box 1793  
Flat Rock, NC, 28731  
Phone: 828-692-6516  
Email: [jisley@camptekoa.org](mailto:jisley@camptekoa.org)

### RELEASE OF LIABILITY/LIABILITY WAIVER FORM

**To be completed by all regardless of the level of participation - one form per person.**

Full Legal Name of Participant: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

PRINT Full Name of Emergency Contact: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Second Phone: (optional) \_\_\_\_\_

Name of Event Kannapolis Cluster Youth Retreat Date of Event: April 8-10, 2022

**Agreement to Participate** I understand the program goals and agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Director of Camp Tekoa and/or the leader of the event of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any chemical substance including alcohol.

**Medical and Liability Release** I willingly and knowingly assume for myself, my heirs, family members, executors, administrations and assigns all risk of physical injury and sickness and emotional upset which may occur during or after participating in any aspect of this event and hereby agree to hold Camp Tekoa its employees, instructors, facilitators, Board members and agents harmless for any liability arising out of my participation in the event. I hereby give permission to the Camp Tekoa parties and to contact emergency services for help, whether or not the Camp Tekoa parties have contacted my emergency contact, and give my permission to a licensed physician or other licensed medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery. I hereby RELEASE, WAIVE AND FOREVER DISCHARGE Camp Tekoa from any and all claims, liabilities, causes of action, damages demands, judgments, executions, liens and costs whatsoever in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (1) claims made against medical providers of emergency services under this authorization, or (2) against the Camp Tekoa Parties for obtaining emergency medical services for me pursuant to this authorization and waiver.

**Media Release** I hereby grant and convey to the Camp Tekoa Parties all right, title and interest I may have in any and all photographs, motion pictures, video recordings, and any other recordings made during or about the event, and the Camp Tekoa parties shall have the right to exploit such recordings throughout the universe, an unlimited number of times, in perpetuity by any and all means and media, now known or hereafter invented.

I have read all information regarding the event at Camp Tekoa, including policies, procedures, limitations, and possibilities. Any exceptions to participating in the event are designated below:

Your Printed Name Signature

Date

Your Parent's or Guardian's Signature

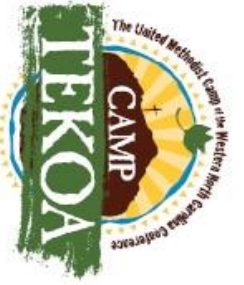
Date

*\*If you are under the age of 18, your parent or guardian must execute this form on your behalf.*



Touching hearts. Changing lives.  
Sharing the light of Christ.

# 2022 Kannapolis Cluster Youth Retreat



Primary Road	
Rough Road	
Footpath	
Activity Area	
Campsite	
Parking	
Showers	
Challenge Course	





Touching hearts. Changing lives.  
Sharing the light of Christ.

## 2022 Kannapolis Cluster Youth Retreat



### *Kannapolis Cluster Camp Tekoa Retreat April 8-10, 2022 Permission Form*

**REGISTRATION  
DEADLINE  
March 19, 2022**

**What to Bring:** Bible, Flash Light, Personal Toiletries (Towel, Soap, toothbrush, toothpaste, etc....) Pillow, sheets, blanket or sleeping bag, Bathing Suit, Comfortable clothing (We will be in the NC mountains so bring clothing for both cold and warm weather.) Clothes should be appropriate for a Christian event, One change of work clothes for Saturdays Service Project, Money for Sunday's offering, a meal on the way to and from Camp Tekoa, and for the Camp Tekoa store.

**Cost of Trip: \$80/person** (Churches please make one check payable to Camp Tekoa)

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Male**  **Female**  **Adult Counselor**  **Youth**  **Grade** \_\_\_\_\_

**T-Shirt Size (adult sizes)** \_\_\_\_\_

BEHAVIOR STATEMENT:

I understand that this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by the event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfew set by event staff. I will wear appropriate modest clothing. I recognize that willful failure to comply with these instructions can cause serious problems and, upon consultation with staff, may result in immediate contact of parents.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above and Retreat rules. (My parents and) I understand violation of the guidelines may result in my being sent home.

EMERGENCY MEDICAL CARE:

In the event that \_\_\_\_\_ (person attending event) suffers any illness or accident requiring emergency hospitalization while at this United Methodist Church event, I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize/ secure proper treatment for/ order injection or anesthesia for the above named. I will not hold WNC Conference nor any other organization/facility/ staff associated with this event responsible in the event of accident, loss, or death.

Signature of person attending event: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## 2022 Kannapolis Cluster Youth Retreat

### **EMERGENCY CONTACT INFORMATION**

**Parent/Guardian**

Phone Numbers Phone Type  
(Home or Mobile)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip


**Other Emergency Contacts:**

Name	Phone Numbers

### Health Care Information:

\*\*\*Please Attach a copy of Medical Insurance Card\*\*\*

**Participants Full Name:** \_\_\_\_\_

**Physician Name and Number:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Facts concerning the child's medical history including: allergies, medications being taken, and any physical impairments to which a physician should be alerted:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_