



## Ignite is going to Fall Fling!

Teenagers are always electric to hear that we're going to Fall Fling! There's a reason why. Those who have gone have experienced a dynamic mixture of recreation and powerful encounters with God. Fall Fling is here, and so is your opportunity to experience it.

Register now!

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<b>When:</b>	Friday, October 22 - Sunday, October 24
<b>Where:</b>	Camp Shamineau
<b>Cost:</b>	\$115
	<i><u>Checks</u> can be made out to "Lincoln Efree Church"</i>

### Want to Go?

#1) **ASAP**, submit a \*\$25 non-refundable deposit per person (*this saves their spot; cash or check*).

#2) By **Wednesday, October 20th** turn in "Youth Retreat Release Form" (1/person) and your remaining balance.

*\*the non-refundable deposit, Health Waiver form, and the remaining balance can all be given during any one of our Wednesday night gatherings.*

### Need a Scholarship?

If finances are an issue, then let us help. Ask for a scholarship form today!

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If you have any questions or concerns about being able to financially cover the costs, please contact Pastor Joe.

Pastor Joe Reigstad // [joereigstad@lincolnefree.org](mailto:joereigstad@lincolnefree.org) // 641-230-3912

Name of Church Group \_\_\_\_\_

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

### Youth Retreat Release Form

### Medical Information – for campers 17 yrs. and younger

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Gender: (circle one) Male / Female Parent or Guardian's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

To be filled out and signed by Parent or Guardian:

Health Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.) Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?:

\_\_\_\_\_

List any diagnosed illnesses or issues: \_\_\_\_\_

\_\_\_\_\_

What medications, including doses, are used to treat the above?: \_\_\_\_\_

\_\_\_\_\_

Any side effects of his/her medications?: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

(State law requires that all campers be fully immunized as for school.)

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Release & Waiver of Liability Agreement/Medical & Media Release Form

I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and, also report any unsafe conditions that I may encounter to a responsible party.

\_\_\_\_\_  
Adult Signature/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature