



Journeys OMG Senior Youth Retreat, Val-des-Monts, Quebec
An Event of the Anglican Diocese of Ottawa

**PLEASE RETURN THIS FORM WITH PAYMENT TO YOUR YOUTH LEADER OR MAIL TO THE
ANGLICAN DIOCESE OF OTTAWA**

The Incorporated Synod of the Diocese of Ottawa

To: The Incorporated Synod of the Diocese of Ottawa (Anglican) and their officers, employees, parishioners, volunteers and agents (the "Church")
Event: *Journey* OMG Senior Youth Retreat (Val-des-Monts, Quebec), an Anglican Diocese of Ottawa Youth Ministry Event
To be held: Friday, March 21st – Sunday, March 23rd, 2014
At this location: 38 de la Fourche, Val-des-Monts, QC, J8N 4C8

To provide senior youth of the Anglican Diocese of Ottawa an opportunity to building community and reflect on their journey as Christians, through suffering, blessing, their sense of self and sense of community, OMG is offering this retreat. Each participating church will gather their youth, and travel to Val-des-Monts activity centre, where we will all meet. Planned activities included: outdoor activities and games, a spirit walk, and a youth lead service on Sunday. All meals (including snack on Friday; breakfast, lunch, dinner, and snack on Saturday; breakfast, lunch and snack on Sunday) will be provided. The cost for the retreat (\$20) covers the cost of transportation, meals at the retreat, and the cost for the outdoor adventure facilitator, Alan Earwaker.

*Please note that males and females will sleep in separate rooms.

Departure date: Friday, March 21st
Returning date: Sunday, March 23rd



Waiver & Medical Release Forms

Full Name of participant: _____

Male ☐

Fema ☐

Birth date: _____

Age: _____

Full Address (including Postal Code): _____

e-mail address: _____

Emergency Contact: _____

Relationship to participant:

Home/resident phone: _____ Cell phone: _____

Work phone: _____

If, in an emergency, your primary contact cannot be reached, the following person is hereby authorized to act on your behalf and has been notified that he/she has been granted authority and may be contacted by us.

Name: _____

Relationship to participant:

Home/resident phone: _____ Cell phone: _____

Work phone: _____



Does the participant have any severe allergies or other medical condition that leaders should be aware of?

☐ Yes

☐ No

If yes, please list and explain: _____

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Other Health Concerns:

All reasonable precautions for the safety and health of the participant will be taken. He /she will be properly supervised in activities. In the event of accident or sickness, the Incumbent and Churchwardens of The Church of the Ascension, The Church of the Resurrection, The Church of St. Thomas the Apostle and the Incorporated Synod of the Diocese of Ottawa, their staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred by the participant are my responsibility.



The participant must be covered by provincial health insurance or equivalent medical coverage.

Participant's Health card number: _____

Participant's Family Physician: _____

Phone: _____

This section applies for underage participants who are less than eighteen (18) years of age. In return for permission to attend the above Event, the undersigned acknowledges and warrants to the Church that he or she:

a) is an adult with decision-making authority for the above Participant, who is less than eighteen years of age, who (check one):

- ☐ i) requires no special arrangements to safely participate in the Event under normal adult supervision, or
☐ ii) requires the special arrangements stated below:

- b) has made sufficient inquiries to make an informed decision whether or not the Participant should participate in the Event,
c) gives permission for the Participant to attend the Event and delegates full decision-making authority for the Participant to the Church while the Participant is participating in the Event, and it shall not be held responsible for any accident or sickness to my child, or for loss or damage to her/his personal property,
d) understands that photographs and video recordings taken during the program may be used for promotion.

Signature of adult with decision-making authority

Date



This section applies for adult participants who are eighteen years of age or older.

In return for permission to attend the above Event, the undersigned acknowledges and warrants to the Church that he or she:

- a) is an adult who is attending the Event voluntarily and, who (check one):
- i) requires no special arrangements to safely participate in the Event, or
 - ii) requires the special arrangements stated below:
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- b) has made sufficient inquiries to make an informed decision whether or not to participate in the Event; and,
- c) as far as permitted by law, accepts full responsibility for ensuring his or her own safety while participating in the Event,
- d) understands that photographs and video recordings taken during the programme may be used for promotion.

Signature of adult 18 years of age or older

Date

Please note: The use of drugs or alcohol during this activity is strictly prohibited.