

# **THRIVE CAMP 2019 INFORMATION**

## **June 24th - June 28th**

**Mandatory Parent/Student meeting Wednesday, June 19 @ 8:15 pm**  
**Chapel after Wednesday Night activities**

**Monday, June 24 meet @ 2:00 PM in the church lobby for check-in**  
**Friday, June 28 return about 4:00pm/drop off in front of church lobby**

### **What to pack:**

1. Bible & Pen
2. Appropriate shoes & clothes (we have rec everyday)
3. (Beach towel)
4. Pillow
5. Toiletries
6. Snacks
7. Swimsuit (girls wear 1 piece or tankini)
8. Wash Cloth and bath towel
- 9. Lunch money for Friday's trip home/ Snack shop/Extra Rec activities**
10. Bedding is provided, but they may want their own pillow and an extra blanket

### **Camp Facility:**

Shocco Springs

<http://www.shocco.org>

314 Shocco Springs Rd Talladega, AL 35160 Phone: (256) 761-1100

**Worship Band: Catie Hurst**  
Catiehurst.com

**Speaker: Dave Edwards**  
Daveedwardspeaks.com

### **Emergency Contact:**

Georgia Sexton 404-597-5619

Neal Dose 678-206-6207

Zach Morgan 678-435-3248

# Eagles Landing FBC Student Ministry Code of Conduct Agreement

I, \_\_\_\_\_ (name), **UNDERSTAND** that the purpose for this Retreat is to help teenagers, like me, Unplug from the World and its distractions so that I am better able to Plug into Jesus and hear what He wants to say to me. There are certain items that the Youth Pastors, from Eagles Landing FBC & Adult Leaders agree that would be considered distractions, or potential distractions, and should be left at home. **I AGREE** that I will not bring the items from that list (\*list provided below) with me. I also **AGREE** that I will not bring anything else that would be considered a distraction for me.

In addition, **I UNDERSTAND** that the Youth Pastors and Youth Leaders of Eagles Landing FBC seek to provide, and maintain an atmosphere of safety, with all means possible, for all students in the camp. The Safety they are seeking to provide includes physical, spiritual, social and emotional. One way that I can help to achieve this goal is by leaving items behind that could threaten that safety for myself, or another student.

The below list of items include things that are dangerous, or potentially dangerous.

**I AGREE** that I will not bring any of the dangerous, or potentially dangerous items, listed below, with me. In addition, **I AGREE** that I will not bring any other items that could put myself or someone else at risk physically, spiritually, socially, or emotionally.

## **I WILL NOT BRING ANY OF THE FOLLOWING:**

**CELL PHONES**

**CD Players**

**Portable TV's or DVD players**

**Pagers**

**Laptop computers**

**I-Pods & Nano's**

**Any other electronic games**

**\*Illegal Drugs**

**\*Cigarettes**

**\*Marijuana**

**\*Alcohol**

**\*Guns**

**\*Knives**

**\*Explosives**

**I UNDERSTAND, and AGREE,** that if I bring any Dangerous Items as noted with \* in the list above that my parents will be asked to come to the retreat immediately and pick me up at their expense.

**I ALSO UNDERSTAND, and AGREE,** that if I bring **any of the other Items** indicated in the list above that would serve as a distraction to me, or threaten the physical, spiritual, or emotional safety of myself or someone else, that I will be subject to discipline as determined by my Youth Pastor.

**IN ADDITION, I UNDERSTAND, and AGREE,** that if any of the items listed above are confiscated from me that my parents will need to get them from my

**Parent Signature**

---

**Student Signature**

---

**Eagle's Landing First Baptist Church, Inc. Permission/Medical Release Form**  
**2400 Highway 42 North, McDonough, GA 30253, (770) 957-1355**

**Please fill in the following information.**

Participant's Name \_\_\_\_\_

Mom's Name \_\_\_\_\_

Address \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Other Phone \_\_\_\_\_

Grade (just completed) \_\_\_\_\_

Church Member \_\_\_\_\_ Name of Church \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Notify If Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Person Picking-up Child \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Immunization: Tetanus \_\_\_\_\_ Pollo Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Other: \_\_\_\_\_

Allergies: Food: \_\_\_\_\_

Penicillin/Drugs: \_\_\_\_\_

Insect stings/Bites: \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

➡ INITIAL BELOW

**Please Attach a Copy of Insurance Card** (Copy machine available at the church)

- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.
- \_\_\_\_\_ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.
- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to transport my child to or from church, on field trips, or on other church sponsored activities.
- \_\_\_\_\_ I hereby authorize Eagle’s Landing First Baptist Church, Inc. to include my child in supervised water activities.
- \_\_\_\_\_ I understand that as a participant of Eagle’s Landing First Baptist Church, Inc. events, my child may be photographed or videotaped during normal event activities, and these photos/videos may be used for promotional purposes.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The above named participant (the word “participant” to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word “custodian” to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in the above-referenced activity conducted under the sponsorship of Eagle’s Landing First Baptist Church, Inc Henry County, Georgia, an incorporated association; its agents, servants, and members. In making such consent participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Eagle’s Landing First Baptist Church, Inc. its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize the consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Eagle’s Landing First Baptist Church, Inc. at its office at 2400 Highway 42 North, McDonough, Georgia 30253, (770) 957-1355.

---

**This form must be notarized and signed by a licensed Notary Public**

Notary Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Seal:

---

---

## Waiver & Release

*Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, may be asked to have a signed and witnessed OR notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. Only Pages 1 and 2 of this form must be presented at Event check-in.*

Event Name: _____	Event Date: ____/____/____	
Church/Organization Name: _____	City/State: _____	Phone _____
Name: _____	Age _____	Sex: Male/Female
Address: _____	Birth date: ____/____/____	
City: _____	State: _____	Zip: _____
Parent/Guardian: _____		
Home Phone: (____) _____	Work Phone: (____) _____	Cell Phone: (____) _____
Email address: _____		

### By signing this form, I agree to the following:

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC and the Church/Organization for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities. (See Page 3 for **SSBCC Recreation Activities Descriptions**)

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed **limitations**.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I know that media will be used to capture comments, interviews, pictures and video of SSBCC activities in which I will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements, and/or video of me (and/or my child) during and regarding SSBCC activities. I hereby grant to SSBCC the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

By signing below, I hereby acknowledge that I have read the foregoing Waiver & Release and all provisions contained therein. I have had the full opportunity to review the same, I understand that I may consult with my attorney prior to signing, and do hereby voluntarily and knowingly assent to all terms and conditions heretofore stated. **Please check which applies:**

Parent/Guardian (for attendee under 19 years of age)  Attendee (19 years of age and over)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Attendee \_\_\_\_\_ Contact #: \_\_\_\_\_

**Witness (required if not notarized)**

I witnessed \_\_\_\_\_ sign the above Waiver and Release on  
*Attendee, Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Witness) Signature* *(Witness) Print Name*

\_\_\_\_\_  
*(Witness) Address* *City* *State* *Zip Code*

OR

**Notary Information (optional)**

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of \_\_\_\_\_

The county of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_

known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public

## SSBCC Recreation Activities Descriptions

The recreation team at SSBCC strives to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. The trained program staff is committed to providing a rewarding experience with safety as our highest priority and has worked diligently to minimize risks involved in recreation. However, there are inherent risks to participation in recreation activities including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, aquatic activities and team sports.

You could experience any of the following: elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your back and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property.

### **3.0 Team Building:**

Challenge course, Adventure Race, Climbing Gym and other team building activities challenge groups to work together accomplishing various tasks both on and off the ground. Participants will be challenged as a team to communicate, lead and follow, respect individualities and learn that they accomplish more when they work together. Participants may run, jump, climb, hold each other's weight, balance for extended periods of time, and engage in critical thinking and problem solving. A "Challenge by Choice" philosophy is presented that enhances the objective of empowering groups and individuals to set their own goals and learn at their own pace. A strong, safe and healthy environment conducive to positive learning, seasoned with an ample dose of fun is promoted. To do this, facilitators must be sensitive to your group's physical, spiritual and emotional boundaries. The belief is that this type of environment enhances the potential for personal and group development. Closed toe shoes may be required.

### **3.1 Trail Activities:**

Available trails span many miles of relatively mountainous terrain. Many of these trails may be traveled either on foot or mountain bike. As participants use these trails they should be aware of four things: (1) You are in the woods and could be several miles from road access, (2) You are in someone else's home (i.e. wildlife that may try to defend their home, including some poisonous insects and snakes), (3) It is important to "Leave No Trace" of your travel, in other words we ask you to leave natural features (rocks, vegetation, and animals) as you found them, pack out all man-made items, and be aware that natural surrounding may sometimes present hazards, (4) Weather is sometimes unpredictable and it is always a good idea to plan ahead and prepare. It is recommended to pack maps, proper clothing, carry water, travel with others, and to let someone know where you are going.

### **3.2 Waterfront:**

This includes all water-based activities; (i.e. swimming pool, Aqua Park, water slide, pedal boats, and other waterfront activities etc.) All SSBCC-sponsored aquatic activities will be supervised by trained lifeguards. Participants may be swimming, diving, wading, and paddling in open water. Participants may also be running, climbing and jumping on the SSBCC Aqua Park inflatable elements. Due to the inherent risks involved with lake activities, including possible drowning, swimming and boating participants are provided lifejackets. Participants may also be exposed to environmental elements.

### **3.3 Paintball:**

Paintball is another exciting and challenging team building opportunity offered by SSBCC. All participants at all times are required to wear approved paintball masks while in the playing areas. Participants are encouraged to wear long pants and long sleeved shirts, but these are not required. Closed toe shoes are required. Participants may be running, jumping, sliding, ducking and hiding in mountainous terrain that could be muddy, rocky, uneven, and possibly hazardous. Participants will also be carrying a paintball marker that uses compressed air to propel a paintball towards their opponent. The velocity of the paintball markers is set in accordance with industry standards. Yes, being hit by a paintball can be painful and may leave bruises, but that is part of the excitement of the game. It is required that all players be at least 12 years of age and that the safety equipment fit properly. The games and scenarios that the referees facilitate will encourage players to work together with their team in an energetic and rewarding quest!

### **3.4 Bazooka Ball:**

Bazooka Ball, while similar to paintball, utilizes a special "Nerf"-type ball propelled by a Bazooka Ball Marker, making this a fast, fun filled activity that can simultaneously be played by all ages and skill levels. Bazooka Ball gives participants the opportunity to tag opponents with hundreds of soft Bazooka Balls during day or night and experience the thrill of hyper exciting challenges! Bazooka Ball is generally played outdoors, however may be facilitated indoors. Participants may be running, jumping, sliding, ducking and hiding around structures inside a determined playing area. Closed toe shoes are recommended.

### **3.5 Drift Trikes:**

Drift Trikes are large tricycles with adjustable seats designed for fast and exciting race experiences for both children and adults. SSBCC staff will help your group organize and experience a memorable race competition on the racetrack. Participants may experience elevated heart and respiratory rates, collisions, overturning the car, and other risks related to the natural elements and/or the actions of other patrons.