



\$20 deposit is due November 24th to secure your spot! Full Payment of \$85 and permission form must be turned in before we leave on Friday, December 4th at 4:30pm. We will be leaving Wesley Church at 5pm sharp. **(Please eat dinner before you leave)** Students will be staying in cabins with bunk beds. All Meals at camp will be provided!! We will return by 2:00 p.m. on Sunday the 6th to Wesley Church.

What to Bring:

- Sleeping Bag or Sheets & Blanket
- Pillow
- BIBLE, Note Pad, Pen
- Pajamas
- Towel
- Toiletries
- Undergarments
- Warm Jacket
- Camo or Dark Clothes
- Jeans
- Warm clothes (layers are best, nothing nice are in the wilderness)
- Extra Pair of Shoes or boots
- ***Flashlight*** (required)
- Shower shoes
- Mask

Please bring money to buy lunch on our way back home Sunday.

Fall retreat will be at Piney Woods Camp located at 6272 E US Highway 287, Woodlake, Texas 75865. The camp is about 2 hours from here. If you, at any point, need to get in contact with the camp their number is: (936)642-1723. www.pineywoodscamp.com

If you have any questions or concerns call Jonathan Martin at (409)782-1586

FR20 Schedule

Friday Night:

4:30pm Checkin at Wesley
5:00 Prayer and Roll out
7:30 Arrival / Move in
8:00 2nd Dinner
8:30 Session 1
9:30 Small Groups
12:00 Lights out

Sunday Morning:

9:00 Breakfast
9:45 Session 4 (Small Groups)
10:15 Move Out of Cabins
11:30 Discussion Groups
12:00 Lunch (on the Road)

Saturday:

7:30 Wake up
8:00 Breakfast
8:30 Session 2
9:30 Small Group
10-11 Adventure Park
11:30 Cabin Time
12pm (NOON) Lunch
1:30 Lake Time
2:30 Drift Trikes
3:00 Capture the Flag
5:00 Cabin Time
5:30 Dinner
7:00 Session 3
8:30 Small Groups
9:00 Snack
9:30 ESPIONAGE
11:00 Camp Fire
12:00 Lights Out!

Fall Retreat
Liability, Press and Medical Release

I, _____ am the parent or legal guardian of _____ who was born on _/_____/_____. I warrant that I possess all the rights, powers, and privileges of parent or legal guardian necessary to execute this document with legal effect.

I acknowledge and agree that Pineywoods shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or personal injury me or my family, heirs, or assigns while engaged in such activities.

I consent to the examination or treatment of my child by a physician dully licensed to practice medicine in the United States of America and overseas or any health care professional dully licensed to provide health care services for medical care and services deemed necessary by Pineywoods, it's agents, servants, and employees.

I give permission to the Doctor or Health Care Professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform the management of Pineywoods of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Pineywoods or involving ONE Fall Retreat or its programs. Should the need for medical attention arise, Pineywoods will attempt to contact you as soon as practicable under the circumstances.

I hereby authorize the staff of Pineywoods to give permission or consent to any medical treatment deemed necessary for my child and to act on my behalf in an emergency medical situation. I also release Pineywoods and its staff from responsibility of injuries sustained by my child while under supervision in activities that take place with the church.

Parent/ Guardian Sign: _____ Date: _____

Childs Full Legal Name: _____

Childs Birthday: _____

Address: _____

Parent's cell # _____ Child's cell # _____

Allergies: _____

Medications: _____

Emergency contact *other than parent*:

Name: _____ Cell Phone: _____

Relationship to child: _____

Health Insurance Information

Medical Insurance Company: _____

Policy Holders name: _____

Relationship to child: _____

Group # _____ ID# _____

Parent / Guardian Signature _____ Date _____

Print Name _____

2020 PINEYWOODS CAMP COVID-19 WAIVER

Age 17 & Under --> Parent must sign waiver.

Age 18 & Up --> Participant signs his/her own waiver.

COVID-19 & Camp Statement

Pineywoods Camp staff and campers/guests are required to adhere to CDC guidelines and state orders regarding COVID-19 safety measures.

- Consistently follow good hygiene and social-distancing practices.
- Wear a face covering over the nose and mouth when inside a building, or when in an outdoor public space, wherever it is not feasible to maintain six feet of social distancing from another person.

Because a church group gathers for worship, shares lodging facilities, and spends prolonged time together, camp is considered to be a high-risk environment. This is also, in part, due to the fact that some individuals think it unnecessary to follow the guidelines in the "relative safety" of their church group.

Camper/Participant Information (person at camp)

First Name: _____ Last Name: _____
Address: _____ Gender: Male Female
Birthdate _____
Age _____

Assumption of Risk. I expressly understand and agree that my (my child's) use of Pineywoods Camp's facilities and premises presents known and inherent risks to me (my child) regarding any potential and/or actual infection of COVID-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough, fever, pneumonia, hospitalization, and death. I am responsible for evaluating the risks that I (or my child) may face. I have done so, and by signature below and engaging in the Summer 2020 Retreat at Pineywoods Camp, in exchange for the opportunity to voluntarily participate in Summer 2020 Retreat activities, have assumed the risks and am responsible for my (my child's) actions.

I further recognize, understand, and agree that Pineywoods Camp assumes no responsibility for any liability, damage, or injury relating to or resulting from COVID-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of Pineywoods Camp's facilities and premises by me (my child).

Acknowledgment of Safety Measures to be Utilized by Me (My Child). Pineywoods Camp hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of COVID-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces, wearing gloves when cleaning and disinfecting, maintaining social distancing from campers, guests, and its employees, and wearing face masks when in close contact with campers or guests, as required by some services or activities. Pineywoods Camp will also stay apprised of any recommendations of the CDC and will consider action accordingly. Further, Pineywoods Camp may remove any safety measures once the CDC or the United States, state, or local governments deem such measures are no longer necessary.

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I acknowledge that it will also take certain safety measures to help prevent, as best it reasonably can, infection or spread of COVID-19. Such safety measures include: ensuring that I (my child) do (does) not have any symptoms of COVID-19 prior to entrance onto or use of Pineywoods Camp's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on the Pineywoods Camp's premises, adherence to group/cohort protocols, and proper use of face masks when in close contact with Pineywoods Camp employees or volunteers. In the event that the CDC recommends additional safety measures, I agree to pursue utilization of such safety measures upon verbal or written request of Pineywoods Camp.

Indemnification and Hold Harmless. I specifically understand that I (my child) am (is) responsible for my (my child's) actions and omissions and any resulting sicknesses or injuries relating to or resulting from COVID-19 and agree to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Pineywoods Camp and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives from any and all actions, claims, or demands that I (my child) have or may have for any and all sicknesses or injuries relating to or resulting from COVID-19, I (my child) may suffer or sustain, regardless of cause or fault, as a result of my voluntary decision to utilize the facilities and premises of Pineywoods Camp, caused by any act or omission of Pineywoods Camp and/or me (my child), guests, and its employees resulting from utilizing the facilities and premises of Pineywoods Camp.

WAIVER OF CLAIMS. *In consideration of being allowed to utilize Pineywoods Camp's facilities and premises, I (referred to herein as "Releasor"), hereby waive any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of Pineywoods Camp, or its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, or legal representatives (collectively referred to herein as "Releasees"), including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to my (my child's) use of and entrance upon Pineywoods Camp's facilities and premises relating to or resulting from possible or actual exposure to COVID-19. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from my (my child's) use of and entrance upon Pineywoods Camp's facilities and premises. Releasor acknowledges and agrees that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after my (my child's) use of and entrance upon Pineywoods Camp's facilities and premises.*

Signature _____

Signer Relationship to Camper:

Print Name _____

Parent Guardian Self

Phone Number _____

PINEYWOODS CAMP COVID-19 HEALTH QUESTIONNAIRE

Camper Name: _____ Date of Birth: _____

Church Name & City: _____

Do you have any of the following new or worsening signs or symptoms of possible COVID-19?

(Circle Answer)

1.	Cough	Yes	No
2.	Shortness of breath or difficulty breathing	Yes	No
3.	Chills	Yes	No
4.	Repeated shaking with chills	Yes	No
5.	Muscle pain	Yes	No
6.	Headache	Yes	No
7.	Sore throat	Yes	No
8.	Congestion or Runny Nose	Yes	No
9.	Loss of taste or smell	Yes	No
10.	Diarrhea	Yes	No
11.	Feeling feverish now or a measured temperature greater than or equal to 100.0 degrees Fahrenheit now or in the past 14 days	Yes	No
12.	Known close contact in the last 14 days with a person who is lab confirmed to have COVID-19	Yes	No

PRE-EXISTING CONDITIONS—Check all that apply:

☐ Heart Disease

☐ Diabetes

☐ Lung Disease

☐ Immunocompromised

☐ Respiratory Disease (including Asthma)

Signer Relationship to Camper:

Signature _____ Parent Guardian Self

Print Name _____ Best Phone # _____