

# 2012 Teens Group Winter Retreat Registration and Permission Slip

## Activity Information

Name of sponsoring organization: Chinese Bible Church of Maryland  
Address: 4414 Muncaster Mill Road, Rockville, MD 20853 Telephone: 301-924-4855  
Name of sponsor's coordinator: Clement Wen Telephone: 301-924-4855 x103  
Description of activity: Teens Group 2012 Winter Retreat  
Date(s) and location of activity: Friday, January 20 to Sunday, January 22, 2012; the retreat will be held at the Skycroft Conference Center facilities located at 9621 Frostown Road, Middletown, MD beginning with dinner on Friday at 6:00pm and ending after lunch and clean-up on Sunday at 1:30pm. Cost is \$105 for each student.

## Participant Information

*(to be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_  
Name of parents/guardians: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_  
List of allergies or medical conditions: \_\_\_\_\_  
Is sponsor authorized to approve medical treatment?  Yes  No  
Is participant covered by personal/family medical insurance?  Yes  No  
If yes, name of insurer: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_

## Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

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

***(Participant and/or ALL parent/guardians if participant is a minor)***

**In case of an emergency, you may contact these counselors via cell phone:**

Clement Wen, 240-423-4319  
Mau-En Lee, 301-503-9919