



What is Avalanche? Avalanche is a weekend winter retreat at Muskoka Woods Sports Resort. Over the weekend we will gather with hundreds of youth and youth leaders from across Ontario for a high-energy weekend of winter sports, uplifting sessions, amazing music and great food. Our guest speaker will be Mike Gordon and the band will be Sound of love. For more details visit cboqyouth.ca

Who is it for? Avalanche is open to all youth and their friends in grades 6-8. There are a set number of spots available so be sure to register by November 6th, 2011 with your 3 forms (fully completed) and a \$50 deposit to reserve your spots.

When is it? Avalanche will take place from January 13-15, 2012 at Muskoka Woods Sports Resort in Rosseau Ontario. We will leave on the Friday at 2:00pm from FBC and arrive back around 7pm on the Sunday (weather permitting). Parents will receive a phone call as we pass by Cambridge to notify them of the exact pickup time.

What does it cost? The total cost is **\$150**. A non-refundable deposit of \$50 will be required to register each youth, the remaining \$100 will be due before the trip on January 13th. We want to make sure that each youth who wants to attend is able to, so confidential financial help will be available if you have concerns about the cost.

Need more info? Please contact Pastor Steve Amarin at (519) 842-8762 for more details, additional forms or for financial help. You can also reach Pastor Steve by e-mailing steve@fbctillsonburg.com



First Baptist Church - Parent / Guardian Consent and Agreement Form

Name of Student: _____

Parent/ Guardian agreement: I give consent for the above named youth to participate in Avalanche 2012 with the students and leaders of First Baptist Church Tillsonburg Inc. (FBC) including the transportation of my child with the leaders present. It is my own responsibility to transport my youth to FBC prior to the trip and after. I understand that all reasonable safety precautions will be taken at all times by the leaders present during the trip. I understand the possibility of unforeseen hazards and know the possibilities of risk involved in this trip. I agree not to hold FBC, its employees and volunteer leaders liable for damages, losses or injuries incurred by the subject of this form. I understand that if my child acts in a manner that is deemed inappropriate by the leaders present that I will be asked to pick them up from the event. In signing this consent form I am also indicating that I have read and understood the information page included with this consent and agreement form.

Parent A Name: _____ Signature: _____ Date: _____

Parent B Name: _____ Signature: _____ Date: _____

LETTER OF INFORMED CONSENT
Avalanche 2012 (CBOQ) (Jan. 13-15, 2012)

Details of the Activity:

- Held at Muskoka Woods (Rosseau, ON) where groups will be sleeping in bunk beds in cabins (bedding needs to be provided by participant). A group may be sharing a cabin with another group as space allows.
- Transportation to and from the retreat is arranged by the church group leader.
- Participants will be participating in 4 main sessions involving a worship band, multimedia presentations (which may include strobe lights, intelligent lights, pyrotechnics), dramatic acts, some low-risk icebreaker games and a speaker. They will also be in small group discussions, morning devotional times, team competitions games both outside on field or indoors, and two timeslots for free-to-choose activities which students can elect to do (including but not exclusive to tubing, indoor rock-climbing, cross-country skiing, skateboarding, break-dancing, graffiti painting).
- The church group is bringing min. 1 same-sex leader per 7 same-sex students.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Student's Name _____ Date of Birth _____
Church Name _____ Youth Leader's Name _____
Address _____
Phone Number _____ Parents' Work Number _____
Health Card Number _____ Family Doctor _____ Phone Number _____
Any special needs (dietary, disability, allergies): _____
In case of an emergency, contact _____ at phone number _____

I hereby consent to the participation of my/our child in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at CBOQ. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director of Youth Ministries or one of CBOQ ministry personnel to sign a consent for medical treatment and to authorize any physician, dentist or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless CBOQ, its personnel, its Staff and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of CBOQ, as well as of any medical treatment authorized by the supervising individuals representing CBOQ. This consent and authorization is effective only when participating in or traveling to events of the CBOQ.

I also grant permission for the reasonable use of pictures or video of my child in any CBOQ publications (in print, online or other media yet to be invented).

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____

Student Signature _____

**** NOTE: Please ensure you have signed the Muskoka Woods waiver form in addition to this form. ****



Individual Guest Waiver

The guest group will be responsible to satisfy itself that the participants of any activities have the requisite skill, provided any necessary supervision by responsible persons and see that all individual safety requirements are observed by participants, and Muskoka Woods shall have no responsibility for accident or injury.

Without assuming any liability, and in the interests of safety, in the case of any use of any of these special facilities, Muskoka Woods reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such special facilities as it may consider advisable.

In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Muskoka Woods, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

I/We authorize the administration of any first aid treatment necessary at Muskoka Woods, and in the case of medical emergency, give permission to the Physician selected by the guest group staff or sponsors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation (formerly John Albert Boddy Youth Camp Foundation) and Lawrason Bay Foundation (formerly Marie Boddy Foundation) and their respective members, agents, volunteers, employees, officers and directors (the "Releasees") from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of the Muskoka Woods including any programs or otherwise, unless any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

The undersigned agrees that any and all actions arising out of this agreement or the use of the Muskoka Woods will be governed by the laws of Ontario, Canada and consents to the exclusive jurisdiction of the courts in Ontario, Canada in any and all such actions.

****Group members under 18 years of age require the signature of a Parent or Guardian****

**** DO NOT remove bottom portion of waiver****

Name of School or Group: CBOQ Avalanche retreat

Dates of Trip: Jan 13-15, 2012

NAME OF PARTICIPANT

DATE SIGNED

SIGNATURE OF PARTICIPANT

**SIGNATURE OF PARENT/GUARDIAN
(IF NECESSARY)**

Revised as of 03/22/10