

## 2024 Youth Camp Information:

**Dear Parent,**

We are so excited about this year's camp, July 7th - July 12th. We prayed for the right place to go and we believe that Spring Valley Ranch ([www.springvalleyranchok.com](http://www.springvalleyranchok.com)) is that place! We just have a few things we wanted to go over with you just so that we are all on the same page.

The ranch has a large lodge that will hold all of us (boys and girls will be separate, no worries) as well as a large meeting room where they will serve our meals and we will have our services. The "two deep" leaders rule will be in FULL EFFECT during the whole trip. No one leader will be alone with any of the youth. We understand the importance, not only for your youth but also for the leader, of having careful rules in effect. Your child's safety and well-being is our number one priority.

The cost of the trip per youth is \$385. We have divided the cost just so it's easier on you and your youth. The first payment of \$150 will be due May 30th. The second \$235 will be due July 1st. If money is an issue for you and your family, please don't be shy about communicating those things with us. We don't want your student to miss out on this great opportunity, and we will do what we can to work with you.

You will find in this packet a list of items that your student will need to pack for camp. It's important that you and your student go over this list and bring all their items. We have also included forms that are necessary for you to fill out and turn back in. If you have multiple youth attending, please fill out one form per teen.

We will be able to participate in many activities that are available at the ranch, some of which are canoeing/kayaking and hiking the trails. Even better, we are pulling on Heaven for God's best for your youth, for our youth group, and for every leader. We are believing that all of us will leave charged up and on fire. Please pray with us for great services, fun activities, safety for all of us, and an all around amazing time!

Let us know if you have any questions!

Until ALL Have Heard,  
Pastor Andy and Jessie Cheatham

## Consent for Domestic Travel

I, \_\_\_\_\_ declare that I am the legal parent/guardian of:  
(parent/guardian name)

\_\_\_\_\_, male / female, born \_\_\_\_\_ in  
(student name) (circle one) (birthdate)

\_\_\_\_\_.  
(city and state)

My child, \_\_\_\_\_, has my consent to travel to Spring Valley  
(student name)  
in Eucha, OK on July 7th – July 12th, 2024 with Pastor Andy and Jessie Cheatham from  
World Outreach Church of 8863 E 91st Street, Tulsa, OK 74133, USA.

Any Questions regarding this document may be addressed to me at:

\_\_\_\_\_  
(Address)

\_\_\_\_\_

Primary Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_

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

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



All guests must read and sign the following waiver.

**I. RELEASE AND INFORMED CONSENT**

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in the Adventure Recreation Program.

I am aware that the activities of the Event(s) will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams, riding ATV's, shooting sporting clays, hiking, biking, or other activities. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain some distance from emergency services.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the Event(s) activities are beyond the scope of my capabilities, I will immediately so notify the Event(s) personnel and withdraw from participation.

In consideration of being allowed to participate in the Event(s), I hereby release and covenant not to sue Spring Valley Ranch, LLC, Challenge Quest, LLC. (CQ), and any of CQ's affiliated companies as well as their board of directors, officers, staff, employees, owners, agents and any individual or company (the Releases') assisting, instructing or conducting the Event(s) activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

**II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS**

Please read and check your response to each question.

- 1. Do you have a healing fracture or joint injury?  Yes  No
- 2. Do you have any abdominal organ enlargement?  Yes  No  
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
- 3. Do you have insect allergies?  Yes  No  
You should have an Epi-pen or other self treatment if you are susceptible.
- 4. Are you pregnant?  Yes  No
- 5. Have you had an organ transplant?  Yes  No
- 6. Do you have asthma?  Yes  No  
You should bring your medication with you to the program.
- 7. Do you know of any medical condition that might affect your participation in the Challenge Course portion of the program?  Yes  No

If your answer is yes, explain:

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you.

The above information accurately reflects my current state of health. (Initial) \_\_\_\_\_



### SELF-GUIDE FOR DETERMINING PARTICIPATION ON ROPES ACTIVITIES

Information for persons determining participation in ropes course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. (Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

**By my signature below, I certify that I have read and understand the contents of this Informed Consent AND - have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the Team Event; OR - assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the Team Event.**

### III. PHOTO RELEASE

I hereby authorize Spring Valley Ranch to use and publish any photographs taken of me and my name for use in the Spring Valley Ranch public (Facebook, Website, etc.), marketing (printed works) and any other forums that Spring Valley Ranch uses. I acknowledge that since my participation at the Ranch is voluntary, I will receive no financial compensation or ownership of use of my images. \_\_\_\_\_(Initial)

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.**

Please Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Witness/Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Parental signature required for participants under the age of 18 years old.**

**World Outreach Church**  
**Youth Ages 12-18**

**First Aid & Emergency Medical Care Release Form**

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

Youth's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Does your child have an EpiPen? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medications**

Medication 1: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

Medication 3: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

**Emergency Contacts (*In order to be contacted*)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Do you give permission for youth to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Do you give permission for youth to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contacts (*continued*)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for youth to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____
Parent/Guardian Name: _____	Phone _____

**Release & Signature**

In consideration for being accepted by (parent/guardian) \_\_\_\_\_ for participation in World Outreach Church Youth Camp at Spring Valley Ranch, we (I) being 18 years or older, do for ourselves (myself) and for and on behalf of our (my) child-participant, if said child is not 18 years of age or older do hereby release, forever discharge, and agree to hold harmless World Outreach Church of Tulsa and the youth pastor/leaders thereof from any liability, claims, discovered now or in the future, or demands for personal injury, emotional illness, sickness or death, including those injuries that could not be foreseen or foreseeable, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above described trip or activity. Furthermore, we (I) and on behalf of our (my) child-participant if under age of 18 years, hereby assume all risk, whether known or unknown, foreseeable or personal injury, sickness, death, damage, and expenses, as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parents or legal guardians of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills. Further, should it be necessary for participant(s) to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian/Adult Camper Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_