



**KingRoad**  
church

32068 King Road, Abbotsford, BC V2T 5Z5

Phone: 604-864-0030

Fax: 604-864-0031

[www.kingroad.ca](http://www.kingroad.ca)

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**Roaders Retreat @ Camp Squeah September 23-25, 2022**

(deadline for registration is September 11, 2022)

**Departure:** Friday, September 23@6:30pm from King Road Church (Pls eat dinner at home before you come as we will only have snacks at camp on Friday night.)

**Return:** Sunday, September 25@2:30pm at King Road Church

**Cost:** \$150/person. Payment options are: check payable to King Road Church, in person debit, or e transfer ([donate@kingroad.ca](mailto:donate@kingroad.ca)). Please see Pastor Edgar if financial assistance is needed.

**Travel:** Church bus from King Road Church to: Camp Squeah, 27915 Trans-Canada Hwy, Hope, BC, VOX 1L3

**Please bring:** a positive attitude, Bible, sleeping bag, pillow, towel, swim gear, and personal hygiene items

**Please do NOT bring:** prank supplies, anything that could start a fire, items that would make the retreat less fun for others, technology equipment\*\*

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Contact #:** \_\_\_\_\_

**Please list any food allergies:** \_\_\_\_\_

I \_\_\_\_\_ (name of student) understand that I will make respect for leaders, other students and God my greatest priority this weekend. I will take responsibility for my actions and understand that if I become disrespectful there will be varying degrees of consequence for my actions, which at worst may result in being sent home at my parents' expense.

Student

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

\*\*One of our goals is to experience the joy of face to face time with other youth and leaders, and technology can negatively affect this time. Please, let's keep this retreat "tech free"!

**GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (the “minor(s)”), who desires to participate at the **Roaders Retreat to Camp Squeah** event **September 23-25, 2022**. Drop off and pick-up at King Road Church, traveling to camp by bus. Supervised by King Road MB Church Roaders Leaders.

I understand and acknowledge that King Road MB Church will not allow the minor to participate in the Activities without releasing and holding King Road MB Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor’s participation in the Activities and fully assume such risks on his or her behalf.

I REQUEST THAT KING ROAD MB CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE KING ROAD MB CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of King Road MB Church representatives while participating in the Activities.

This agreement is binding on all minor’s heirs, successors and personal representatives.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent/Guardian

**MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY**

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care.

This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Special medical allergies, chronic illness or other conditions:

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Minor's name/s \_\_\_\_\_  
Medical #: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Dated: \_\_\_\_\_  
Parent/Guardian Cell Phone: \_\_\_\_\_