



The Invite



WORSHIP

KENDRIAN &
LAUREN ALEXANDRIA DUECK



SPEAKER

CHRIS SELBY

FEBRUARY 7-9, 2020

Activity: _____

Activity Dates: _____

Grace Community Church Student Ministry Activity Participation Agreement

(To be turned in with deposit if applicable)

Participant Basic Information

Full Name: _____ M/F: _____ Date of Birth (MM/DD/YY): _____

School: _____ Grade (Current or Last Completed): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Parent(s)/Guardian(s): _____

Phone: _____ email: _____

Emergency Contact Information

Name of emergency contact: _____

Relation to participant: _____ Phone: _____

Participant Medical Information

List all allergies or medical conditions: _____

List all regular medications being taken: _____

*must be given to Chris VanDyke for distribution

Insurance Provider: _____

Phone: _____ Policy Number: _____

Name of Physician: _____ Phone: _____

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parent(s)/guardian(s) if the 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 participant (or parent(s)/guardian(s)) acknowledges and accepts the risk of injury associated with participation in and transportation to and from the activity. The participant (or parent(s)/guardian(s)) accepts personal financial responsibility for any injury or other loss sustained 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(s)/guardian(s)) 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, participant, or otherwise.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

INDEMNIFICATION AND RELEASE OF LIABILITY



Bonita Park is a Christ-centered ministry seeking to facilitate spiritual enrichment, social development, physical and mental renewal in a Christ-centered atmosphere encouraging worship, fellowship, meditation and reflection upon the Word of God.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION

WHILE BONITA PARK AND ANGUS NAZARENE CHURCH MAKE EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR OUR GUESTS, WE DO REQUIRE THAT THIS LIABILITY AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY EACH GUEST OR THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO CHOSE TO BE A PARTICIPATING INDIVIDUAL AT BONITA PARK AND/OR ANGUS NAZARENE CHURCH PROGRAMS OR ACTIVITIES.

NAME OF GROUP _____ ARRIVAL DATE _____

As a participating individual at Bonita Park and/or Angus Nazarene Church, I waive all claims and do hereby assume all risks and any other ordinary risk incidental to the nature of the program. These risks are including those which are not specifically foreseeable, and will indemnify and hold Bonita Park Camp and Conference Center and/or Angus Nazarene Church and its officers, boards, agents or employees harmless from any and all liability. I accept full responsibility for any injury or accident that may occur. This release does not apply to intentional and/or willful acts of misconduct by Bonita Park Camp, Angus Nazarene Church, or any of its officers, boards, agents or employees.

If any provisions of this Agreement shall be construed to be illegal or invalid, or if this Agreement was held unenforceable as to certain activities, it shall not affect the legality or validity of any of the other provisions herein or its enforceability as to other activities. If so, those portions shall be deemed stricken and deleted from this Agreement, but all other provisions of this Agreement shall continue in force and effect.

Please list any ALLERGIES, DISABILITIES, or RESTRICTIONS and notify your Group Leader also:

I hereby attest to the following:

I, _____, have chosen to participate in Bonita Park Camp and Conference Center and/or Angus Nazarene Church activities, and related events. I understand that participation in these activities is not without risk.

I understand that as a participant, I (or my child) may be photographed or videotaped during normal Bonita Park and/or Angus Nazarene Church activities. These photos/videos may be used in promotional materials.

I have carefully read this agreement and understand its contents. This liability release and indemnification agreement shall be legally binding upon my heirs, assigns, legal guardians, personal representatives and myself. I am aware that I am releasing certain rights that I otherwise may have of my own free will.

Participant's Signature _____

MINOR CHILDREN: (under 18 years of age):

As parent or legal guardian of _____, I _____

(PRINTED)

(PRINTED)

further accept responsibility for the actions of this child, and agree to the provisions .

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION.

Signed: _____

(Parent/Guardian)

(Date)

Scholarship Application



g r a c e
STUDENT
MINISTRY

At Grace Community Church, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship for the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to, help you.

Contact Information

Student's Full Name: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information

1. Event for which you are requesting scholarship: _____

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

3. How long have you attended Grace Community Church? _____ Are you a member? ☐ yes ☐ no

4. How much will you be able to pay for this event? _____

5. Would you be willing to make monthly payments after the event/trip? ☐ yes ☐ no

If yes, how much do you think you could afford on a monthly basis? _____

7. Would the student be willing to do some work (e.g. office work) for the student ministry to "pay" for your scholarship? ☐ yes ☐ no

(signed)

(date)

For Office
Use Only:

Date received: _____

Amount paid: _____

Total scholarship: _____

Approval: _____

Total Paid back: _____

Winter Retreat Scholarship Work

Pick one

1) Memorize

Memorize Philippians 2:1-5 and either recite to, or write it out in front of an adult leader.

2) Bible Study

Read Romans 8 and present a written report. Report needs to include at least 5 things you learned while reading the chapter. Please fully explain what you learned. Think 5 paragraphs, not 5 bullet-points.

3) Work

Help with 2 hours of student building cleaning.