



Outdoor Excursions Discipleship Program

Calvary Chapel Silver Springs

Outdoor Excursions

Youth Discipleship Program

The Adventure Begins Here!

Outdoor Excursions is a Christ-centered discipleship/mentoring program for 5th - 8th grade boy's. We meet weekly on Friday nights from 7:00-8:30pm at Penny Park in Silver Springs. We spend time learning about what it is to be a disciple of Jesus Christ, servant-leadership, safety and equipment used in a variety of outdoor activities. Trips are planned throughout the year and are free to those who maintain regular attendance.



- Backpacking
- Day Hikes
- Ice Fishing
- Kayaking (flat water)
- Rock Climbing (Top Rope)
- Snowshoeing
- Survival



For more information contact:
Pastor Dennis Hubbard

(775) 629-2359 Cell
ccsilversprings@gmail.com
<https://.churhotm.com>

EMERGENCY MEDICAL & RELEASE FORM

PLEASE PRINT I hereby give my permission for (name of student) _____ my (circle) son or daughter to be involved in the Outdoor Excursion, indicated by my signature. WE (I) BEING 21 YEARS OF AGE OR OLDER, DO FOR OURSELVES (MYSELF) (AND FOR AND ON BEHALF OF MY CHILD-PARTICIPANT (IF SAID CHILD IS NOT 21 YEARS OF AGE OR OLDER) DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS CALVARY CHAPEL SILVER SPRINGS, THE OFFICERS, STAFF OR ANY DIRECTORS OR VOLUNTEERS UNDER THE DIRECTION OF CALVARY CHAPEL SILVER SPRINGS, FROM ANY AND ALL LIABILITY, CLAIMS OR DEMANDS FOR PERSONAL INJURY, SICKNESS OR DEATH, AS WELL AS PROPERTY DAMAGE AND EXPENSES, OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED BY THE UNDERSIGNED AND THE CHILD-PARTICIPANT THAT OCCUR WHILE SAID CHILD IS PARTICIPATING IN ABOVE DESCRIBED ACTIVITY OR TRIP. FURTHERMORE, WE (I) AND ON BEHALF OF OUR (MY) CHILD-PARTICIPANT, IF UNDER THE AGE OF 21 YEARS, HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE AND EXPENSE 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 AGREES TO HOLD HARMLESS AND INDEMNIFY SAID CHURCH, ITS DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS, FOR ANY LIABILITY SUSTAINED BY SAID CHURCH AS THE RESULT OF THE NEGLIGENT, WILLFUL OR INTENTIONAL ACTS OF SAID PARTICIPANT INCLUDING EXPENSES INCURRED ATTENDANT THERETO. WE (I) ARE PARENT(S) OR LEGAL GUARDIAN(S) OF THIS PARTICIPANT, AND HEREBY GRANT OUR (MY) PERMISSION FOR HIM (HER) TO PARTICIPATE FULLY IN SAID ACTIVITY OR 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 OR EMERGENCY SURGERY OR MEDICAL TREATMENT, AND ASSUME THE RESPONSIBILITY FOR ALL MEDICAL BILLS. FURTHER, SHOULD IT BE NECESSARY FOR PARTICIPANT TO RETURN HOME DUE TO MEDICAL REASONS, DISCIPLINARY ACTION OR OTHERWISE, WE (I) HEREBY ASSUME ALL TRANSPORTATION COSTS. IF A DISPUTE OVER THIS AGREEMENT OF ANY CLAIM FOR DAMAGES ARISES, THE PARTICIPANT (OR PARENT/GUARDIAN) AGREES TO RESOLVE THE MATTER THROUGH A MUTUALLY ACCEPTABLE ARBITRATION PROCESS.

In the event that it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made. Also, I understand that I will be required to pickup the aforementioned student at the director's request if the participant's behavior is contrary to the spirit and intent of this activity. The signing of this form by the parent or legal guardian shall be deemed consent to the above conditions along with permission to give consent for medical treatment for the aforementioned student.

Name of Participant _____

Signature of Parent/Guardian _____ Date _____

TO THE PARENT: We do not anticipate any problems, but no minor may be treated by a physician without parent authorization. Naturally you will be called immediately if we do have any problems, but there is always the possibility that promptness in treatment may be necessary. This is not said to alarm you, but make you aware that your child will be protected in every way possible. Please list below any pertinent information that might concern your child's health, such as allergies, drug reactions, chronic ailments or disorders, etc.

EMERGENCY CONTACTS-PLEASE PRINT

Physician's Name _____ Phone # _____

Parent/Guardian's Home Phone # _____ Cell # _____ Work # _____

Person to Contact in Emergency _____ Phone # _____

(Name and Relationship)

Name of Medical Insurance _____ I.D.# _____

Name of Primary Insurance Holder _____

Any allergies, medications, or other important information? _____