

2019 FCC AUSTIN, RETREAT INFORMATION:

- Fees include the Barn Swing and Climbing Wall activities for adults and older children as well as s'mores for all on Saturday night.
- Check-in time begins at 5:30 p.m. on Friday, May 3, 2019. Check-out is no later than 12:00 p.m. on Sunday, May 5, 2019.
- During the retreat, we will have complete and exclusive use of the T Bar M Camp Travis facilities.
- A TBarM staff member will be on sight at all times to offer assistance as well as oversee the Barn Swing and Climbing Wall activities.
- First come, first served on cabins; you can choose your own when you arrive.
- No linens, pillows or towels are provided; families must bring their own.
- One family per cabin. All cabins have 6 sets of bunk beds (twin sized) as well as fans, electric lighting, electrical outlets, and a porch swing.
- We are an all-inclusive group, and encourage families to share their retreat experience by bringing grandparents, cousins, your teen or tween's best friend, your good friends - anyone (besides pets) with whom you are comfortable sharing your family cabin.
- Bathrooms are gender segregated and communal. There is ample cubbie space in the bathrooms for toiletry kits.
- Dinner will not be served Friday night; please eat before arrival or bring a picnic dinner to enjoy at TBarM.
- Each retreat family is asked to participate in the preparation, serving and clean-up of one group meal, via family "Meal Teams." As part of a Meal Team, you will be asked to buy and bring your family's Meal Team contribution(s) to the retreat. As the date approaches, the FCC organizers (such as me) will suggest a menu for each meal. **Our goal is to keep the meals and preparation simple, with little stress.** Meals prepared include Saturday breakfast, lunch & dinner as well as Sunday breakfast/brunch.
- Meal Teams will be assigned at least one week before the retreat.
- Both campers and day guests must reserve in advance; all requisite forms and payment through Eventbrite for the retreat is required; forms and payment are due no later than April 6, 2019. Forms must be complete and signed, and may be sent via mail to Tom Hurt at 409 W.14th Street, Austin, 78701 or they may be scanned and sent via email to tom@tomhurt.com.
- There will be no refunds after April 6, 2019.
- The retreat is a "rain or shine" event. We do have ample covered spaces in the dining hall and the sports pavilion in case of rain.
- No firearms, alcohol or smoking permitted.
- If you'd like more information about partial scholarships, please contact Tom Hurt (512/694-7833), tom@tomhurt.com)
- Any questions or concerns? Contact Tom Hurt - 512/694-7833, tom@tomhurt.com

2019 FCC-Austin Family Retreat - Registration Form

NAME(S) OF PARENT(S) _____

NAME(S) AND AGE(S) OF CHILDREN & GUESTS _____

PARTICIPANT (NAME & AGE) INTERESTED IN TWEEN/TEEN CABIN _____

PRIMARY EMAIL ADDRESS _____

CELL _____ HOME _____ WORK _____

MAILING ADDRESS _____

Emergency Contact

NAME	HOME PHONE	CELL PHONE
------	------------	------------

Fees:

2 Nights in Cabins: \$70 per person (ages 6 and above)

Saturday Day Guests: \$35 per person (ages 6 and above)

All children 5 and under are free

Ticket Purchase Deadline: Tickets (available on Eventbrite) should be purchased no later than April 6, 2019, one week before Retreat. Please go to our Eventbrite page at:

<https://www.eventbrite.com/e/tbar-m-6th-annual-family-retreat-fcc-austin-tickets-57835848580?aff=ebdssbdestsearch>

Materials Due Date: All registration materials are due no later than April 26, 2019. These include this registration form, the TBarM Challenge Course Programs Medical Questionnaire, TBarM Agreement to Participate Form.

Agreement to Participate Form: On the Agreement to Participate Form, please list every family member or family guest under "Participant name." The "Group Leader" is Tom Hurt.

Specialized Needs: Please note (on back of page) any specialized needs that your family may have for this event.

Financial Assistance: partial scholarships are available for FCC Member Families. (see below)

2019 FCC-Austin Family Retreat Release and Indemnity Agreement

NAMES OF FAMILY MEMBERS/GUEST(S)

Activity: Family Retreat

Releasees: FCC Austin Chapter, FCC International, FCC family retreat members, volunteers, and officers for these entities

Release: In consideration for facilitating my participation or my family's participation and/or my guest(s) in the activity described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action arising out of any loss or damage to me, my family member(s), my guest(s), my property, my guest's property, and any injury, including death, that we may sustain while participating in the activity for the entire weekend, including all outdoor sports and activities such as the barn wing and rock climbing wall.

Risk: To the best of my knowledge, I/we can participate in this Activity. I am aware of the risks and hazards with the activity, and I elect to allow us to participate voluntarily and engage in the activity knowing that the activity may be hazardous to us and our property. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, which I/we/a family member/ my guest(s) may sustain as a result of being engaged in this activity.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees that they may incur due to my/our/a family member's and/or guest's participation in this activity. For example, I specifically agree to indemnify and hold harmless the Releasees from losses that may occur as a result of me/our/a family member/my guest(s) hurting another person or damaging another person's property while participating in the activity.

Intent: I intend that this Release and Indemnity Agreement bind not only me, but also the members of my family, my guest(s), and my spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this Release and Indemnity Agreement. I understand it and sign it voluntarily on behalf of myself/my family/my guest(s) and my own free act. No representatives, statements or inducements, apart from the foregoing written agreement, have been made. I execute this Release and Indemnity Agreement having received full, adequate and complete consideration, intending to be bound by it.

I understand the names listed above as participants may be exposed to risks during the participation in the activity listed above. I am aware of these risks and I elect to allow myself/my family/my guest(s) the ability to participate voluntarily, knowing that the activity may be hazardous to my/our property and me/my family/my guest(s). If signing as parent or legal guardian, I acknowledge that some family members/guest(s) participating are under 18 years of age and I assume full responsibility for these risks. I release, discharge, and agree not to sue Families with Children from China, Austin Chapter, FCC International, FCC retreat family members, volunteers or officers for these entities, agents, volunteers, and employees from any claims arising out of any loss or damage to my/my family's/my guest's property and from any claims out of any injury, including death, that may be sustained by me or my family, my guest(s), or a participant of whom I am the legal guardian. I also agree to indemnify and hold harmless Families with Children from China, Austin Chapter, FCC International, FCC family retreat and/or members, volunteers or officers for these entities, agents, volunteers, and employees from any claims that they may incur due to my/my family's/my guest's participation in the activity. I will comply and I will instruct my family and guest(s) to comply with the instructions of the FCC Family Retreat staff during the activities.

NAME OF PARENT OR LEGAL GUARDIAN/GUEST SPONSOR (PRINT)

SIGNATURE OF PARENT OR LEGAL GUARDIAN/GUEST SPONSOR

DATE



**AGREEMENT TO PARTICIPATE
ASSUMPTION OF RISK AND RELEASE**

Group Name: _____

Center for Christian Growth, Inc. dba T Bar M Camps & Retreats require all participants to sign this release form in order to be eligible to participate in programmed activities.

The undersigned acknowledges that during the program certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people, being at various heights (ground to 35') and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury not excluding fatality due to accidents that may occur resulting from the challenge course experience or other type of activities.

While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will Center for Christian Growth Inc., dba T Bar M Camps & Retreats, its owners, directors, employees, and/or associates, harmless from any and all liability, actions, causes of actions, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in this program.

In short, I, along with my family or heirs, cannot sue Center for Christian Growth Inc., its owners, directors, employees, and/or associates. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my participation in this program is entirely voluntary, and I elect to participate in spite of the risks.

I understand that while participating in normal camp activities, I may be photographed/videotaped and that these photos and/or video footage may be used for promotional purposes.

In the event of any emergency, I hereby give permission to the physician selected by _____ to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery.
(Group Leader's Name)

_____	_____	_____	_____
Participant Name	Date	Signature (Parent / Guardian must sign for participants under 18)	Date



Medical Questionnaire

To be filled out by participant or parent/guardian if under 18:

Name of participant: _____

Sex: _____ Birthdate: __/__/_____

Home Address: _____ City: _____ State: _____ Zip: _____

In an emergency notify: _____ Best Contact Number: (_____) _____

Relationship: _____

Participant Medical History – Circle the appropriate response and describe YES answers in space provided

Have you had or do you currently have any heart problems including strokes, heart attacks, and/or heart related diseases? _____ YES NO

Do you frequently suffer from pains/pressure in your chest? _____ YES NO

Do you often feel faint or have spells of severe dizziness? _____ YES NO

Has a doctor ever told you that you have high blood pressure? _____ YES NO

Are you a smoker? _____ YES NO

(NOTE: If you have had any heart related problems, you will need to have a release statement from a physician in order to participate in activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? _____ YES NO

Have you had any operations, serious injuries or illnesses? _____ YES NO
(dates) _____

Do you have any disabilities or communicable diseases? _____ YES NO

Are you allergic to any medicines, insects or pollen? _____ YES NO

Are you allergic to any foods? _____ YES NO

Do you have Asthma? _____ YES NO

Do you have Epilepsy? _____ YES NO

Do you have Diabetes? _____ YES NO

Do you have any prescribed meal plan or restrictions? _____ YES NO

Are you currently sick and/or using a medication not listed above? _____ YES NO

List any activities to be limited or prohibited:

Suggestions or health related information T Bar M Camps & Retreats personnel should know?

General Health Statement: **How is your health today?**

Additional Information or Comments:

Are you covered under hospitalization insurance? YES NO

Carrier _____ Policy # _____

In the event that I am unable to grant permission, I do give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Participant Name: _____

Participant/Parent Guardian Signature: _____ Date: _____