

# 2026 FALL YOUTH RETREAT



## Parent/Guardian Permission Form

### **Parent/Guardian Authorization, Assumption of Risk, and Release**

I am the parent/legal guardian of the participant listed in the registration and I give permission for my child, \_\_\_\_\_, to participate in the 2026 Northern Illinois Conference Fall Youth Retreat.

I understand that participation in the retreat includes a variety of recreational, educational, outdoor, and faith-based activities supervised by the staff and volunteers of the Northern Illinois Conference and its churches. Activities may include, but are not limited to:

- Worship
- Bible Study
- Small Groups
- Devotions
- Campfires
- Hiking
- Recreation
- Sports
- Group Games
- Zip Line
- Climbing Activities
- Axe Throwing
- Fishing
- Science Center Activities
- Transportation associated with the retreat
- Other scheduled retreat activities

The Northern Illinois Conference and its churches are committed to providing a safe environment through Safe Sanctuaries and Safe Gatherings trained staff and volunteers. I understand that reasonable precautions will be taken to provide a safe environment and appropriate supervision and that staff and volunteers will make reasonable efforts to promote the health, safety, and well-being of all participants throughout the retreat experience.

I understand that participation in retreat activities involves inherent risks, including accidental injury, illness, emotional distress, permanent disability, or death. I acknowledge these inherent risks and voluntarily permit my child to participate in the retreat and all related activities.

To the fullest extent permitted by law, I release and hold harmless the Northern Illinois Conference of The United Methodist Church, its affiliated churches, officers, clergy, employees, and volunteers from claims arising from the ordinary inherent risks associated with participation in retreat activities, except for claims resulting from gross negligence or willful misconduct.

Nothing in this authorization is intended to release Camp Timber-lee from any responsibility it may have under its own Participation Agreement or applicable law.

Parent/Guardian Initials: \_\_\_\_\_

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### **Camp Timber-lee Acknowledgment**

I acknowledge that Camp Timber-lee is an independent organization responsible for hiring, supervising, training, background screening, and managing its own employees, volunteers, agents, and representatives. I certify that I have completed Camp Timber-lee's required Retreat Waiver Form and understand that activities conducted by Camp Timber-lee are governed by its Participation Agreement and policies. I further understand that the Northern Illinois Conference, participating Northern Illinois Conference churches, and their clergy, officers, employees, and volunteers are not responsible for the hiring, supervision, training, conduct, or acts or omissions of Camp Timber-lee or its employees, volunteers, agents, or representatives.

Parent/Guardian Initials: \_\_\_\_\_

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### **Participant Conduct, Technology, and Social Media Expectations**

For the safety, well-being, and positive retreat experience of all participants, the following conduct is prohibited: possession, use, or distribution of alcohol, illegal drugs, marijuana, controlled substances not prescribed to the participant, tobacco products, nicotine products, vaping devices, or e-cigarettes; possession of fireworks, firearms, ammunition, explosives, or weapons, including knives except small pocket knives specifically approved for a retreat activity; fighting, bullying, intimidation, hazing, harassment, discrimination, or threatening behavior; theft, vandalism, or intentional damage to property; leaving retreat activities, lodging areas, or camp property without the permission of retreat leadership; possession, viewing, creation, or distribution of pornographic, obscene, or otherwise inappropriate materials; misuse of prescription or over-the-counter medications; pranks or other conduct that creates unnecessary risk to participants or staff; and any other behavior that compromises the safety, well-being, or spiritual experience of others.

Participants may not photograph, video record, or otherwise capture images of others in restrooms, cabins, changing areas, or any location where privacy is reasonably expected. Participants are expected to use electronic devices, social media, and all forms of digital communication respectfully and appropriately. Cyberbullying, harassment, or the creation or sharing of inappropriate content is prohibited.

Violations of these expectations will result in removal from activities, notification of a parent or guardian, or immediate dismissal from the retreat at the parent/guardian's expense, and, when appropriate, notification of law enforcement.

Parent/Guardian Initials: \_\_\_\_\_

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## Medical Authorization and Insurance Acknowledgment

I understand that, in the event my child, \_\_\_\_\_, requires medical or dental treatment during the 2026 Northern Illinois Conference Fall Youth Retreat, reasonable efforts will be made to contact me. If I cannot be reached, I authorize the Northern Illinois Conference to act as my agent and consent on my behalf to any necessary X-ray examinations, injections, anesthesia, medical, dental, or surgical diagnosis and treatment, and hospital care recommended and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, whether provided on an outpatient basis or in a hospital. I certify that, to the best of my knowledge, all pertinent medical information regarding my child has been accurately provided on the registration form. I further understand that the Northern Illinois Conference does not provide health or accident insurance for participants and that I am responsible for maintaining appropriate health insurance coverage for my child and for all medical expenses incurred during or as a result of participation in the retreat that are not covered by my insurance.

Parent/Guardian Initials: \_\_\_\_\_

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*I hereby certify that I am the parent or lawful guardian of the above-named minor and give permission for them to participate fully in the 2026 Fall Youth Retreat.*

(Signature) \_\_\_\_\_

(Printed Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Date) \_\_\_\_\_