

Young Generation Retreat 2026 – April 17-19, 2026
Camp Cedar Crest - Liability & Medical Release Form



FOR GROUP LEADERS & CHAPERONE (Including Young Adults Serving as Group Leaders)
(Please complete this form AND submit NO later than April 3, 2026)

Participant Name _____ Age ____ M ____ F Church _____

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____

HEALTH INFORMATION: (Please submit a copy of your insurance card.)

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____

Medications Currently Taking _____

Please note any condition that the camp nurse should be aware of: _____

Dietary Restrictions (if any) _____

Emergency Contacts: Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I certify that I will voluntarily participate in the Youth & Young Adult Retreat with the American Baptist Churches of Los Angeles. Southwest and Hawaii (ABCOFLASH) as a leader for my group. I understand that my responsibility is to supervise my group, ensuring they are in attendance for all scheduled activities, aware of and following the retreat guidelines and rules, and are in their cabin at night. I know that if I discover a student from another group needing correction or reminding of expected behavior or attitudes, I have the authority to intervene. I will direct the youth to their leader if the offense is serious. I know that if I become aware of an issue of child abuse, I am a mandated reporter. Suppose a serious incident occurs, such as physical injury, resulting in a student being sent home, or anything that could potentially involve an insurance claim. In that case, I will fill out an incident report.

Further, I release and hereby agree to hold blameless ABCOFLASH and its employees and agents from any and every claim arising or which may be asserted by me or any member of my family because of participating in any activities associated with ABCOFLASH. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss determined by ABCOFLASH or the event officials.

Further, I authorize the minister or sponsor of this activity or any ABCOFLASH staff member. If my emergency contacts cannot be reached, I consent to a physician and hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense incurred for said emergency treatment.

BACKGROUND CHECKS ARE REQUIRED!

All adults serving as chaperones or group leaders are required to have a **Live-Scan background check**. If you had a Live-Scan for previous retreats in 2024 or 2025 you **DO NOT** need to get another Live-Scan. **PLEASE CHECK WHAT APPLIES TO YOU:**

____ I had a Live-Scan for the 2024 and or the 2025 ABCOFLASH Youth & Young Adult Retreat.

____ I will get a Live-Scan background check for YGR 2026 by April 3rd. (go to abcoflash.org/ygr for more info about background checks)

____ **Check here if you are driving your vehicle to the retreat and that you accept the statements in this paragraph.** I am driving my vehicle with youth under 18 years old. I will **submit a copy of my driver's license and auto insurance card**. I understand and accept that in the event of an accident, my insurance will be primary regarding liability and medical coverage. I also understand and acknowledge that my church and ABCOFLASH will not provide nor cover physical damage coverage in any way. Property damage to my vehicle or the contents is within my responsibility.

My consent and signature is given below. I have read and agree to the information provided in this form.

Printed Name _____

Signature _____ Date _____