

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



FOR MINORS (6th grade–11 years to HS–17 and younger)

(Please complete this form AND submit no later than April 3rd)

Participant Name _____ Age _____ M _____ F Phone _____

Address/City/Zip _____ Church: _____

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) _____

PARENT(S) OR GUARDIAN INFORMATION:

Name(s): _____ Email(s): _____

Address/City/Zip (if different from participant): _____

Phone(s): _____

Who to contact in case of emergency if the parent(s)/guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

As the parent or legal guardian of the participant listed on this form, I certify he/she has my full approval to participate in the ABCOFLASH Young Generation Retreat taking place April 17-19, 2026 at Camp Cedar Crest. He/she is expected to abide by the retreat rules and be directly responsible to their church leader. If necessary, because of misconduct or disobedience, he/she may be asked to leave the retreat. I will assume full responsibility for returning the participant home in such an instance.

Further, I do release and hereby agree to hold blameless the American Baptist Church of Los Angeles, Southwest & Hawaii (ABCOFLASH) and its employees and agents from any and every claim arising, or which may be asserted by me or by 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 as determined by ABCOFLASH or Camp Cedar Crest.

Further, I do authorize the group leader or sponsor of this retreat (ABCOFLASH), in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that he/she is covered by adequate accident insurance.

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

Printed Name of Parent(s)/Legal Guardian _____

Signature of the Parent(s)/Legal Guardian _____

Date _____