

**Camp Friedenswald
Barriers and Bridges Program
Group Background and Goals**

Please fill out the following form and return with your health forms two weeks in advance of your program dates. We encourage you to discuss the form with your group.

Name of Your Group: _____ Date of Trip: ____/____/____

BACKGROUND

What is the purpose or "reason for existence" for your group?

How long has your group been together? _____

What age group(s) do your members fall into? _____

What type of issues is your group dealing with? _____

What do you see as the strengths of your group? _____

What weaknesses do you see in your group?

What types of adventure/challenge activities has your group participated in?

Is participation in this program a voluntary choice for all your group members? _____

In the following space please tell us of any special physical, emotional, or dietary needs of any members of your group. _____

GOALS

What goals do you have for the group? _____

If you have discussed the program with the group, what goals does the group have?

What is the single most important thing you want your group to take home with them at the end of the program? _____

Please tell us anything else about your group that you feel would be helpful to us as we plan your program.



Barriers and Bridges Participant List

15406 Watercress Dr. ♦ Cassopolis, MI 49031-9532
(269) 476-9744 ♦ www.friedenswald.org
Fax: (269) 476-9745 ♦ info@friedenswald.org

Group Name: _____ Trip Date ____/____/____

Please list each person in your group participating in the program. Place a check in the left column next to any group leaders. If your group will be split into 2 or more groups please fill out a separate sheet for each smaller group.

Group Leader	Last Name	First Name
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____
_____	7. _____	_____
_____	8. _____	_____
_____	9. _____	_____
_____	10. _____	_____
_____	11. _____	_____
_____	12. _____	_____
_____	13. _____	_____
_____	14. _____	_____
_____	15. _____	_____

Barriers and Bridges Program Information Camp Friedenswald

Welcome to Camp Friedenswald's Barriers and Bridges Program. Our goal is to provide your group with challenges that will encourage you to develop and build bridges that can span the barriers you will meet, both during the program and in the future.

Please read the following information carefully. Feel free to contact us if you have further questions. We look forward to serving you.

Forms: Each participant must complete a Medical and Release Form and an Acknowledgment of Risk and Release of Liability Form in order to participate in the Barriers and Bridges Program. Please make as many copies of these forms as needed. All minors must have both of these forms signed by a parent or legal guardian. Please note that minors arriving at Camp Friedenswald without signed forms will not be permitted to participate in the program. In addition, please fill out a Participant List form and a Background and Goals form. Please return all completed forms to the Camp two weeks prior to your program dates.

Responsibilities of group: Group members may be asked to help carry sack meals, water, and other needed equipment to the program sites. Group size is considered to be 8-15 participants. Groups larger than this should be broken down into smaller groups by group leaders prior to arrival. A maximum of four groups can use the Challenge Course (low ropes course) at one time:-

Attire: Participants should wear comfortable, loose-fitting clothes: pants or long shorts; shoes without a stiff, boxy toe (athletic shoes work well); and shirts which can be tucked in. Clothes should be appropriate to the season and participants should be prepared for rain. Jewelry should be removed, especially long necklaces, dangling earrings, bracelets, and rings. Long hair should be secured out of the way. Participants may also wish to consider bringing bug repellent, sunscreen, and sunglasses depending on the season.

Billing variables: The program is a Challenge by Choice program. Participation is encouraged but not forced. We do not guarantee that all group members will complete any or all aspects of the program. The group is responsible to pay for participants who choose to opt out of all or part of the program. Groups will be charged for the number listed on their contract unless Camp is notified ten days in advance of the program dates.

Deposits: A \$2.00 per person non-refundable deposit is required to reserve your program.

Billing for group leaders: We encourage group leaders to participate as members of the group. If group leaders will not be participating we may ask that they accompany the group to assist with supervision and discipline. We ask that non-participating group leaders fill out a health form and write Non-Participant at the top. Under these circumstances, non-participating group leaders will not be charged for the program.

Insurance: We will assume that all members of your group are covered by group or personal health insurance unless we are notified at least one week in advance of your arrival that you would like health insurance through our carrier. If you choose to use our coverage (for an additional charge), all members of your group must be covered by our carrier, including non-participating group leaders.

Cancellation policy: Unless notified of cancellation at least 48 hours in advance, groups will be charged for 75% of their projected program cost. At times it may be necessary for Friedenswald to cancel a program due to severe weather or other causes. If such a reason beyond our control occurs, we will make every effort to re-schedule your group to a mutually agreeable date, or refund your deposit. If Friedenswald staff find it necessary to halt a program in progress due to weather another date will be scheduled to complete the program. If Friedenswald staff find it necessary to halt a program due to safety concerns about the group, the group will be responsible to pay a prorated amount or half of the expected program cost, whichever is higher.

Meals: Meals are available on request. Please contact our outdoor learning director or guest group coordinator for more details.

Processing: Processing or debriefing the experience is an important part of the program. It allows time for participants to think about what they experienced and how it affected them during the program and how the insights gained can be transferred to other situations. Processing is done throughout the program and at the end. Many groups will find it advantageous to continue processing issues on their own after the program is completed.

Special needs: If there are special needs in your group (i.e. dietary, behavioral, etc.), please let us know as far in advance of your arrival as possible so that we may make adequate preparations.

Arrival and departure times: Groups arriving late (after the designated start time) will have a shorter program but are still responsible for the contracted program fees. Groups should plan to depart 15-30 minutes after the completion of the program unless prior arrangements have been made.

Facilities at courses: The facilities at the courses are primitive. Outhouses supplied with toilet paper are provided. Running water is not available.

Rev. May 19, 2004



BARRIERS & BRIDGES Release Form

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Group Name: _____

Participant Section (Please print)

Trip Date ___/___/___

(If under age 18 this "participant section" & "parent/guardian section" must be filled out by a parent/guardian)

Participant's Name: _____ Age: _____ Sex: F M

1. Is there any history of allergy or drug reactions, including allergies to bee sting? Yes___ No ___
If yes, explain _____
2. Is there any history of musculoskeletal problems including back, knee, ankle, shoulder, neck or spine? Yes ___ No ___ If yes, explain _____
3. Is there any history of heart problems? Yes ___ No ___
If yes, explain _____
4. List any medication being used _____
5. List any major surgeries and when they occurred _____
6. Are you (the participant) pregnant? Yes ___ No ___
7. Date of last tetanus booster _____

Phone number(____) ____ - ____ Address: _____ City: _____ State: _____

Acknowledgement of Risk & Liability Release

I, the participant, agree that I have carefully read and understand the provisions(Acknowledgement of Risk/Release of Liability) on page 2 of this form & sign the release freely & voluntarily.

•Participant's Signature _____ Date _____

Parent/Guardian Section (This section must be filled out if participant is under age 18)

Acknowledgement of Risk

I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident, as detailed on page 2 of this form, and consent to the participation of the above named participant at Camp Friedenswald, Inc. and execute this release, waiver and indemnification.

Liability Release

I, as parent/ legal guardian of above participant, agree that I have carefully read and understand the provision on page 2 of this form and sign this release freely and voluntarily.

Medical Release

I give permission for my child to participate in the Barriers and Bridges Program at Camp Friedenswald & designate Camp officials to act in my behalf in authorizing routine, non-surgical medical care as well as emergency medical & surgical care for: _____(Child's name).

•Parent/Legal Guardian's Signature _____ Date _____

(Fill out the following contact information if different than child's listed above)

Phone number(____) ____ - ____ Address: _____ City: _____ State: _____

BARRIERS & BRIDGES Release Form

(page 2)

Acknowledgement of Risk

READ BEFORE SIGNING

I understand that participation in a Camp Friedenswald Barriers and Bridges Program requires that myself or other group members to be lifted, carried, or passed by group members, or that it may require me to walk along cables suspended less than three feet in the air and that these activities contain a degree of risk.

I understand that my participation in the Barriers and Bridges program is under the supervision of trained Camp Friedenswald personnel. I understand that the Program is located on a tree-covered terrain, and that activities might vary with the seasons, environment and requests of group leaders. I understand that these activities carry the risk of emotional or physical injury and disability. I understand that although Camp Friedenswald has taken precautions to provide proper equipment, follow written safety procedures, and train instructors for each course, it is impossible for Camp Friedenswald to guarantee absolute safety.

I accept the responsibility for safety of myself and others on the course(s). I understand that my level of participation in the program is up to me and that I am responsible to inform the group of my choices. I understand that I may experience pressure to push myself beyond my boundaries by members of the group and that I need to inform them if this happens.

I accept the responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participating in the program. I agree to comply with the instructions and directions of Camp Friedenswald staff members and agree to abide by established Camp Friedenswald rules and regulations while participating in the program. Failure to comply will result in my dismissal from the course.

Release of Liability

READ BEFORE SIGNING

In consideration of being permitted to participate in the Camp Friedenswald Barriers and Bridges Program, I agree, in the event of any accident, injury or illness resulting from my participation in the Barriers and Bridges Program, to hold harmless Camp Friedenswald Inc., its employees and/or agents, and the Central District Conference of the Mennonite Church USA. I further agree to indemnify Camp Friedenswald, Inc., its employees and/or agents, and the Central District Conference of Mennonite Church USA from any loss, liability, damage or costs that may be incurred due to my participation in the Barriers & Bridges program or arising out of the acts of other participants of the program or other Camp activities.

I agree that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding continue in full legal force and effect.