

Dr. Craig Ernstmeyer Head of School

Jonathan Bernhardt *Principal* 

Dr. Doug Kuhlmann
Activities Director

William Roundey
Director of Student Services

Lisa Gnade
Director of Enrollment

5100 Mexico Road St. Peters, MO 63376

Phone: 636.928.5100

Fax: 636.928.8451

Web: lutheranhighstcharles.com



Lutheran High School of St. Charles County



@Luther an Cougars



@LutheranCougars

### Lutheran High School of St. Charles County

Equipping Students for Lives of Christian Service

**Dear Seniors & Parents:** 

Continuing our tradition, all LHS seniors are invited to attend the annual senior retreat. The retreat is intended to give members of the senior class an opportunity to grow in faith and in Christian friendship through bible study, worship and outdoor recreation. During the retreat, the class will make some significant class decisions such as selecting a graduation speaker, deciding on a class gift and an input on grad night.

Where: Lake Williamson Christian Retreat Center (Carlinville, IL)

Dates: Sept. 23-25, 2017

We will meet at LHS at 1:30pm on Saturday, Sept. 23, 2017 We will return to LHS by 2:30pm on Monday, Sept. 25, 2017

Cost: The retreat fee is \$100 per student

The remaining trip expense is covered by the senior class account and the Student Life Fund. This fee will cover all the expenses associated with the weekend.

This year we are involving every student in Team Building Activities included in the cost of the retreat. We have 30 spots available for BarnQuest, which is a high ropes course with 3 levels and finishes with a zip line. We will also have up to 60 spots available for Escape Rooms. Students will need to sign up for their activity ahead of time. If there are more than 30 students who sign up for BarnQuest (a deadline will be given in the email to students), then there will be a lottery for the 30 spots. Students who do not participate in High Ropes will be able to participate in the Escape Rooms.

Supervision will be provided by LHS faculty. Transportation to and from the retreat will be via bus.

Students will be expected to conduct themselves according to LHS and Lake Williamson CRC policies. Serious infraction of rules will lead to a student being sent home immediately at his/her parents' expense.

To register for the retreat, please turn in the following items to Mrs. Hoffmeyer in Student Services **by Friday, September 8th**. Because of the deadlines imposed by Lake Williamson CRC, it is important to have all registrations turned in by this date. Do not miss the retreat because you forgot the deadline!

- 1) Check made payable to 'LHS-SC' for \$100
- 2) Signed permission slip (attached)
- 3) Signed Eagle Crest Adventures Waiver (Escape Rooms &/or High Ropes)

Please contact me if you have any questions. Blessings on your senior year!

Yours in Christ,

Jon Bernhardt, Principal

Daniel Kreienkamp, Spiritual Life Coordinator



Dr. Craig Ernstmeyer Head of School

Jonathan Bernhardt *Principal* 

Dr. Doug Kuhlmann
Activities Director

William Roundey
Director of Student Services

Lisa Gnade Director of Enrollment

5100 Mexico Road St. Peters, MO 63376

Phone: 636.928.5100

Fax: *636.928.8451* 

Web: *lutheranhighstcharles.com* 







## Lutheran High School of St. Charles County

Equipping Students for Lives of Christian Service

# LUTHERAN HIGH SCHOOL OF ST. CHARLES COUNTY

**FIELD TRIP PERMISSION FORM** 

Class/Group Taking the Field Trip: Senior Class
Teacher in Charge of the Field Trip: Mr. Bernhardt
<b>Date</b> : 9/23 – 25/2017 <b>Location</b> : Lake Williamson CRC, Carlinville, IL
Description of the field trip: Senior Class Retreat
<b>Departure time</b> : 9/23 meet at 1:30 pm at LHS
Return Time: 9/25 at 3:30 pm at LHS
Cost of the trip to the student: \$100
Transportation provided by:
As legal parent and/or guardian of (name of student), I give my permission to participate in the field trip. I understand that the transportation may be by a properly insured, private vehicle driven by an adult licensed driver. While school personnel will provide normal supervision for the students, I recognize that it may be difficult for these supervisors to control all circumstances.  Signature of parent/guardian

This form must be properly signed and returned to Lutheran High School. Only those students with completed field trip permission forms will be allowed to participate in this event.



Dr. Craig Ernstmeyer Head of School

Jonathan Bernhardt *Principal* 

Dr. Doug Kuhlmann
Activities Director

William Roundey
Director of Student Services

Lisa Gnade Director of Enrollment

5100 Mexico Road St. Peters, MO 63376

Phone: 636.928.5100

Fax: 636.928.8451

Web: lutheranhighstcharles.com



Lutheran High School of St. Charles County





### Lutheran High School of St. Charles County

Equipping Students for Lives of Christian Service



#### Adventure Education & Team Building at Lake Williamson Christian Center

17280 Lakeside Drive 

Carlinville, IL 62626 Phone 800.500.5922 

adventure@lwccag.org

#### AGLE CREST ADVENTURES Wainen

#### Waiver and Release of Liability

The programs of Lake Williamson's Eagle Crest Adventures—including high ropes, zip lines, team initiatives, caving, and outdoor education—offer participants the opportunity for individual and group growth. The nature of these programs carry an inherent risk of injury, both minor and serious. Emotional risks include, but are not limited to fear, embarrassment, crying, and anger. Physical risk is also an inherent part of these programs. Common injuries include bumps, bruises, cuts, scrapes, and rope burns. Falls, missteps, tripping, and slipping may result in sprains, broken bones, and damage to back, neck, or other parts of the body. Activities that require physical lifting may result in back injuries or muscle strain. Caving programs carry the additional risk of injury and death from falling, rock fall, entrapment, and drowning.

In signing this document you agree:

- You understand participation in Eagle Crest Adventures programs carries risk of minor and major emotional and physical injury. You
  understand it is not possible for this release to list all possible risk. You understand these risks can result in long-term, health-related
  issues, permanent disability, loss of work, loss of wages, and even death. You take upon yourself all physical, emotional and financial
  risk stemming from participation. You understand that at any time you have the right to decline participation.
- 2. You understand that with some pre-existing medical conditions strenuous activities may not be recommended. You understand that if you have questions regarding your physical health or a pre-existing medical condition, it is your responsibility to consult with your physician to determine your level of participation. You understand Lake Williamson staff and volunteers are not qualified to make medical assessments regarding participation.
- You understand that alcohol and drug usage (both illegal and prescription drugs) can increase these risks, and you agree to not participate if you are under the influence of any substance, both legal and illegal.
- 4. You understand that pregnant women should not participate in Eagle Crest Adventure programs.
- 5. You understand the weight limit on zip lines is 250 pounds. Severe injury may occur if you mislead staff regarding your weight.
- 6. In case of injury, you agree to release, waive, discharge, hold harmless, defend, and indemnify any person providing initial first aid treatment. When you are unable to make medical decisions, you grant permission for Lake Williamson staff and volunteers to arrange medical transportation to a hospital and to convey any known medical information to professional medical staff.
- 7. Because you willing take these risks upon yourself, you waive your right to seek any financial compensation from Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers) from any and all claims, actions, or losses which may arise from participation, even claims that are considered "negligent." Such financial compensation includes, but is not limited to, medical bills (including hospitalization, doctor visits, physical therapy and long-term disability), loss of wages, loss of personal property, and legal claims.
- 8. You, on behalf of yourself, your personal representatives, your dependents and your descendents, voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise from participation.
- If, after clearly waiving your rights to seek financial compensation stemming from participation, you, your personal representatives, your relatives, your dependents or your descendents pursue legal action, you agree:
  - a. All legal filings must take place in the jurisdiction of Macoupin County in the state of Illinois. No filings may take place outside of this jurisdiction.
  - b. This document can be presented in court showing that you willingly took upon yourself any and all risks involved and willingly waived the right to pursue financial compensation stemming from participation.
  - c. You agree the court can only throw out the clause or line that they find offensive, not the entire document.
  - d. You, your personal representatives, your dependents or your descendents are responsible for all fees (including, but not limited to legal expenses) occurred by Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators in defending against all claims.

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives, my relatives, my dependents and my descendents, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise out of my participation in this event.

I agree to follow the instructions of Eagle Crest Adventures staff. I understand Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I grant permission for photos and videos taken of me during my participation to be used for Lake Williamson promotion.

I have read and understood this waiver. I sign it willingly and assume all risk from my participation.

Signature:	Date:	Group/Church:
Drint Norro	Signature of Borent (If under	0.72 19).
Print Name:	Signature of Parent (If under	age 16):