

SERVE SCHEDULE

TOTAL SURRENDER



FIRST DAY

1:00 – 3:00 PM Registration and Check In
4:00 PM Village Leaders Meeting (all Bible Study Leaders)
4:45 – 6:00 PM Dinner
6:00 PM SERVE Youth Minister’s Meeting (bring your coolers!)
6:00 PM Bible Study with Village (Meet @ Your Village Stake)
6:30 PM Youth Minister’s Meeting
7:45 PM Worship (Worship Room)
9:30 PM Church Group Time (at assigned location)
11:30 PM Lights Out

OTHER DAYS

(Day 3 Only: 6:30 - 7:15 AM GENERATE 5K - at announced location – OPTIONAL for students)
(Day 4 Only: 6:45 AM First Light - at announced location – OPTIONAL for students)
6:45 - 8:00 AM Breakfast
8:15 AM Daily Devotion with Church Group (in Church Group Location)
8:15 AM Village Leaders Meeting (all Bible Study Leaders)
9:00 - 10:00 AM Kickstart (Worship Room)
10:00 AM SERVE Send Off (meet with your SERVE Leader)
3:00 PM Head back to Campus
3:00 PM Open/Free Time (Options announced at Kick start)
4:45 - 6:00 PM Dinner
6:00 PM Youth Minister’s Meeting
6:00 PM Bible Study with Village (at assigned location)
7:00 PM - Worship (6:45 PM on Night 4)
9:00 PM Church Group Time (9:30 PM on Night 4)
10:30 PM One More Thing (Nights 2&3 Only)
11:30 PM Lights Out

LAST DAY

6:45 - 8:00 AM Breakfast
8:15 AM Daily Devotion with Church Group (in Church Group Location)
9:00 AM Head home!

TOTAL SURRENDER

SERVE PACKING LIST



TO BRING

- Bible
- Modest clothing for 5 days, taking into consideration your SERVE site placement
- Tennis shoes
- Laundry detergent and quarters in case you need to wash clothing
- Pillow and bed linens for twin-sized beds (unless otherwise told in your email with housing assignments)
- Towels and washcloths
- Any toiletries and medication (medications do not need to be turned in to GENERATE Staff)
- Spending money for traveling meals, and snacks/souvenirs while at camp
- Sunscreen
- Alarm clock and personal fan
- Any other supplies needed for your SERVE Site Placement

TO NOT BRING

- Weapons, tobacco products of any kind, alcohol or drugs of any kind
- Fireworks
- Silly string or water balloons
- Bikinis or speedos
 - Girls – one piece bathing suits or tankini suits please
 - Guys – please make sure bathing suits are not too short
- Clothing that is too tight
- Clothing that suggests inappropriate behavior
- Spaghetti strap, halter or tube top shirts
- Shirts that expose the midriff
- Skateboards, hover boards, roller blades, etc.
- Church leadership will determine cell phone restrictions

MEDICAL RELEASE FORM

Woodmont Baptist Church Student Events

Dates: January 1, 2024 to December 31,2024

Name: _____ Age: _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency Notify: _____ Phone: _____

Family Physician: _____ Phone: _____

Heath Insurance Company: _____ Policy Number: _____

Policyholder's Name _____ Policyholder's SS# _____

Immunizations (mark all that apply): ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps

*** I authorize that my child is permitted to have a non-drowsy Dramamine ___ yes ___ no

Please write none where applicable on this section

ALLERGIES: _____

Previous operations or serious illnesses: _____

Current medications being taken: _____

Special Diet: _____

Being the parent or legal guardian of _____, I _____

Do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the Student Minister, or Chaperone, to make decisions necessary for treatment. Should there be no Student Minister, or Chaperone, available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Woodmont Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any 2024 event.

Dated this ___ day of _____, 20 ____

Parent/Guardian Signature _____

State of _____ County of _____

I, the undersigned authority, a notary public in and for said county in said state, hereby certify that _____, whose name as parent or legal guardian of _____ is signed to the foregoing medical release form, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she as such parent or legal guardian and with full authority, executed the same voluntarily.

GIVEN under my hand and official seal this is ___ day of _____, 20 ____.

_____ My commission expires _____

Notary Public

MUST BE 19 YEARS OLD OR OLDER IN ORDER TO SIGN FOR YOURSELF



Waiver and Release Form

ALL Participants MUST have this general release and indemnification of claims completed and turned in to their group leader upon arrival at this event. This form MUST be completed and notarized for all participants.

Please Review, Complete, Sign and Notarize.

Camp Location: _____

Camp Dates (including year): _____ / _____ / _____ to _____ / _____ / _____

Participating Church Name: _____

City: _____ State: _____

Name of Participant: _____

Gender of Participant: Male Female Participant Age: ____ DOB: ____ / ____ / ____

Please indicate what describes the Participant best: Camper Adult Child LEAD Team

Name of Parent/Guardian who is able to give consent (Please Print): _____

Cell Phone Number of Parent/Guardian: (_____) _____

Work Phone Number of Parent/Guardian: (_____) _____

Email Address of Parent/Guardian: _____

Assumption of Risk: I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation from camp activities.

CONNECT Participants: Recreation is offered to build community amongst your group in a fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities.

SERVE Participants: Missions activities including, but not limited to running, playing, moving items, conducting activities, stocking, painting, building light construction projects, removing debris, rubbish or other items may have inherently dangerous elements that involved risks, including but not limited to carrying heavy supplies, using hand tools, climbing ladders, using paints, nailing and serving in various conditions in often high summer temperatures. All participants will be transported to and from worksites under the care and supervision of the church group and leader they came with. It is the responsibility of participants to only participate in activities that they are qualified for and are able to perform safe practices at their specific worksite. Work will be done under the supervision the group leader at each site. All work is done voluntarily and participant assumes any and all risk associated with such activities.

Photography/Video Acknowledgment: Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue youthministry360, it's leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during Generate by YM360. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms and my signature below represents that understanding and I freely relinquish legal rights, I have had the opportunity to obtain any and all counsel if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below (participants who are minors per your state law require Parent/Guardian signature.)

I am a: Parent/Guardian Event Attendee who is 18 or older

Signature of Parent/Guardian: _____

Signature of Event Attendee: _____

Phone Number of Parent/Guardian: (_____) _____ Date ____ / ____ / ____

Notary Acknowledgement: The State of _____ County of _____ on _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary signature: _____ My commission expires: ____ / ____ / ____