

Lakeview Ministries 13500 W Lake Rd Seymour, IN 47274 P: 812-342-4815 office@lakeviewministries.camp www.lakeview.camp

Stronger together. Nowhere is this phrase more apparent than during work weekend, where many people come together to accomplish in a single weekend what would take the camp staff a month to do on their own. I am so glad you are joining us for the weekend, and hope you find your time in service and fellowship to be an encouragement and boost to your faith.

Included in this packet you will find more information about:

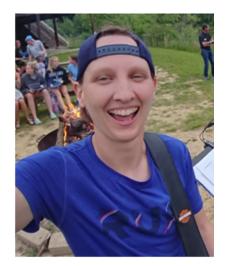
- Arrival/Departure Times
- Lodging Information
- Food and Allergy Information
- Safety Policies
- Packing List
- Medical Form + Waiver + Camp Map/Directions + Schedule (included at end)

If you have any additional questions about the weekend that are not answered here, please contact me. I am here to help! Our website (lakeview.camp/workweekend) is also a great resource.

It's going to be a great weekend serving together to get camp ready for the summer!

In Christ,

Ellie "Frisbee" Lutz Retreat Program Director <u>frisbee@lakeviewministries.camp</u> 812-342-4815



# ARRIVAL/DEPARTURE INFORMATION

#### FRIDAY ARRIVAL

Check-in for Work Weekend will take place between 6:30-7:15 pm on Friday, May 6<sup>th</sup>. You can check in at any point during this time, but will want enough time to unpack and settle in before we kick things off at 7:30.

#### SUNDAY DEPARTURE

The retreat will end with lunch at 12:00 pm on Sunday, May 8th. You are welcome to enjoy more time at camp into the afternoon, but we request you have all personal items packed up and in your vehicle by 1:30 pm to assist our cleaning crew.

## LATE ARRIVAL, EARLY DEPARTURE, AND SINGLE DAY PARTICIPANTS

We are happy to welcome you for any part of Work Weekend. If you are only able to stay for the day on Saturday or Sunday, or need to arrive later in the weekend or depart earlier, that is absolutely fine. If at all possible, <u>please email our office at least two weeks in advance</u> with this information to assist our staff in planning for the weekend. When arriving late, you can head to the Camp Lakeview Dining Hall to check in.

# CHECK-IN PROCESS

When you drive in to camp, head to the Camp Lakeview Dining Hall to check-in. During check-in you will be welcomed by our staff, turn in your family's medical form and waiver, complete a quick health screen, and receive a schedule and your lodging assignment for the weekend.

Here is what you can do to help the check-in process go as smoothly as possible:

PRINT AND FILL OUT FAMILY MEDICAL FORM AND WAIVER: This form can NOT be filled out online. Please fill it out prior to arriving at camp. This form can be found at the end of this document.

# LODGING INFORMATION + REQUESTS

## Separate Family Lodging

Your family will receive their own separate living area for the retreat, either in one of our cabins or in one of our lodge rooms. Bathroom and shower areas will be shared with other families. Make sure to bring your own linens!

## Lodging Description

All our housing options have heating/air conditioning and twin-size bunk beds for beds. Our cabins are a little more rustic, with wood walls and brushed concrete floors, and a shared bathhouse/shower building that is a short outdoor walk to get to. Our lodge rooms are located in dorm style buildings with rooms located a hallway walk away from shared bathrooms/showers.

#### Lodging Requests

You are able to let us know if you would prefer a cabin or a lodge room by filling out the "Housing

Request" form in your online account. Requests are not guaranteed, and priority will be given to families with small children or special needs.

# FOOD INFORMATION

Meals included in this retreat are Saturday breakfast, lunch, and supper, and Sunday breakfast and lunch. Each meal includes a main entrée and several different options for sides. Fruit is available at each meal and salads and peanut butter and jelly sandwiches available for lunch and supper.

You are able to bring your own snacks to camp as well. Please avoid eating and drinking in rooms to prevent attracting critters. You will have access to a refrigerator and freezer if bringing anything that needs to be kept cool.

## **Food Allergies**

If you have a food allergy, please make sure to notify us by filling out the "Important Info" form during the registration process. We are able to provide basic alternatives for typical food allergies such as gluten or dairy as long as we know about them ahead of time. If you have more severe or extensive allergies it is recommended that you bring supplemental food items to camp. Our kitchen staff is able to cook, microwave, and prepare separate food items for meals. We can also provide a menu for your time at camp to help you better plan and prepare.

Please call (812-342-4815) or email (<u>kathy@lakeviewministries.camp</u>) our office to talk through specific food needs you may have or to find out more information about our menu and food options.

# SAFETY POLICIES

## Before Your Arrival

Participants are strongly encouraged to receive a COVID-19 vaccination/booster prior to attending camp. This is based on the recommendation of the CDC and the assumed risk of gathering together when attending camp. In addition, please closely observe your health and contacts in the days leading up to their camp session and stay home if you do not meet the requirements of our initial health screen.

## Health Screening

During check-in we will complete a brief health screen. Any person with a temperature above 100.4°F, OR who has been exposed to someone confirmed to have COVID-19 in the past 5 days, OR who has been sick with COVID-19 symptoms in the past 5 days will not be admitted into camp. Please be honest during the health screening portion of our check-in process. If you think there may be an issue please call our office ahead of time to discuss it with us.

## During Camp

<u>Outside is the Best Side</u>: Like we normally do at camp, we will be outdoors for the majority of the weekend. For meals you will have the option to eat on picnic tables outside the dining hall. Enjoy the scenery and the yard games we've set up around the dining hall for you to enjoy! In the event of rain, we will stay on porches outdoors for any camp-led activities.

<u>Indoor Mask Use Recommended</u>: Masks will be recommended when in shared indoor spaces, such as the dining hall or restroom areas. If COVID-19 cases elevate in our area leading into the weekend, masks may be required in shared indoor spaces.

Sanitation of Shared Areas: Shared areas such as bathrooms and the dining hall will be cleaned and sanitized each day.

## After Camp

Please inform our office if anyone in your family experiences COVID-19 symptoms within 48 hours of the end of your retreat. We will request you follow up by being tested for COVID-19. In the event that this occurs, and you test positive for COVID-19, we will inform all participants that there has been a positive case. Personal privacy will be protected-no family will ever be designated by name.

# WORK PROJECTS

During the weekend you will be able to choose what projects you would like to assist with. We have a wide range of project options in areas like Yard Work, Cleaning, Organizing, Constructing, Maintenance, Painting, Childcare, Kitchen Help, etc. No matter your age or skills, there will be a project you can help with!

## Kids Project Group

We love it when kids work with their parents on projects for some great family service together! We also have a Kids Project Group for children in K-5<sup>th</sup> grade. This group will be supervised by our staff during project time and will work on projects specifically chosen for kids.

# Special Skills

If you possess skills which may be helpful (carpentry, plumbing, electrical, sewing, etc.) or are experienced in a particular area, we would love for you to reach out to us in advance so that we can plug you in to a project where your talents may be put to their best use possible. Email or call our office to start the conversation!

# Extra Tools

Although camp has a lot of tools, we never seem to have enough for a weekend like this. Bringing along rakes, leaf blowers, trimmers, and more specialized tools can often be very useful. If you contact us ahead of time we can tell you specific items that would be useful to bring.

# PACKING LIST (WHAT TO BRING)

# <u>CLOTHING</u>

- □ Work Clothes (that can get paint on them, ripped, etc.)
- □ Sweatshirt and Pants
- Pajamas
- Rain Coat
- Closed-Toed Shoes
- □ Shower Sandals
- □ Face Mask

#### ROOM ITEMS

- □ Bedding (twins sheets and blanket or sleeping bag)
- □ Pillow
- □ Towel and Washcloth
- □ Toiletries

#### PERSONAL ITEMS

- Water Bottle
- □ Hat, Sunglasses
- □ Bible
- □ Flashlight
- □ Bug Spray, Sun Screen

#### **OPTIONAL ITEMS**

- □ Bag/Backpack
- □ Earplugs, Fan, White Noise Machine
- □ Snacks
- □ Fishing Gear
- □ Extra Tools

#### THINGS TO LEAVE BEHIND

- □ Technology
- □ Fireworks or Weapons
- □ Expensive Items
- □ Stress

Well done-you made it through!

Work Weekend is always a truly special weekend and kickoff to our summer season. Here's to a weekend getting camp ready for the summer with lots of laughing, serving Jesus, spending time together, and helping make camp a better place for the thousands of kids and families that will come out this year.

See you soon!

In Christ,

Ellie "Frisbee" Lutz Retreat Program Director <u>frisbee@lakeviewministries.camp</u> 812-342-4815



# Lakeview Ministries § 13500 W. Lake Rd. § Seymour, IN 47274 § (812) 342-4815 2022 Family Emergency Medical Information Form

This form must be completed and *submitted* to Lakeview Ministries prior to *final* admission of the family into the camp program. Failure to properly complete and submit this form will result in the non-acceptance of the family into the camp program. This form should be given to camp *staff* at the *time* of check-in on the *first* day of the camp session. Lakeview Ministries shall not be held primarily responsible for medical expenses incurred by the family through accident or illness before, during or *after* enrollment in the camp program.

Family Information:						
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Camper Name: <u>first</u>	last		_Sex:		_Age:	
Family Address:						
Family Home Address:		city		state	zip	
Family County of Residence:		Home Phone:(	)			

#### Authorization for Emergency Medical/Dental Care

I, the undersigned parent, spouse, and/or natural guardian of all individuals listed above do hereby authorize the Lakeview Ministries Health Services Staff (and/or any other qualified adult appointed or designated by them) (1) to provide routine health care and administer prescription medications, (2) to consent to medical, surgical and dental care for such individual(s); (3) to consent to any diagnostic test, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such individual(s); (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such individual(s); (5) to admit such individual(s) to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care; and (6) to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Signature:	Date:
Printed Name:	

#### **Emergency Contact Information:**

(Someone who is NOT at camp)					
Name:			_Relationship to Family:		
Home Address: street address			city	state	zip
Home Phone:()	_Cell Phone:(	)	Work Phone:()		

Medical Insurance Information:	
Attach a copy of medical insurance card to this form.	
Insurance Company:	Insurance Company Phone:()
Policy Number:	_Group Number:
Subscriber Name:	_Birthdate:/ /

Name of Program: Please list any health details about each family member that would be helpful for camp staff to know: (Health details could include such things as activity restrictions, accommodation requirements, severe allergies, serious injuries, etc.)

#### Immunization Record:

Please list each family member's *first* name and the date of their last tetanus booster. In the space marked "other", please list all common *immunizations* which the family member has <u>NOT</u> had.

Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination?* Yes $\Box$ No $\Box$
Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination? Yes $\Box$ No $\Box$
Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination? Yes $\Box$ No $\Box$
Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination? Yes $\Box$ No $\Box$
Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination? Yes $\Box$ No $\Box$
Name:	Tetanus:	/	/	_Other:	_ COVID-19 Vaccination? Yes $\Box$ No $\Box$

\*For the COVID-19 *vaccination* please only list YES if the family member has received at least 2 shots of *Pfizer/Moderna* or 1 shot of J&J in the last 6 months OR all recommended doses in the primary series and one booster shot at any point in *ti*me.

# 2022 Family Program Release, Indemnification, and Hold Harmless Agreement

(print, sign, and bring with you to check-in)

#### Executed On Behalf Of Family

I execute this Release, Indemnification and Hold Harmless Agreement ("Agreement") on my behalf and on behalf of my spouse, children and other family members (my "Family") who are attending the family camp/retreat ("Camp") with me at Lakeview Ministries. I certify that I am at least 18 years of age and the custodial parent and/or legal guardian of my child(ren) and have full legal authority to execute this Agreement on behalf of my Family, my heirs, representatives, successors, executors, administrators and assigns.

#### Hold Harmless Agreement

I agree, on behalf of each member of my Family in attendance at Camp, my heirs, representatives, successors, executors, administrators and assigns, to FOREVER RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS South Central Lutheran Camp Association of Indiana, Inc., doing business as Lakeview Ministries, and its agents, servants, employees, volunteers, patrons, officers, and directors (collectively, "Lakeview"), from any and all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses, including but not limited to attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted, or alleged to have resulted, from (i) the participation of any member of my Family in Camp, or (ii) the presence, activities, acts or omissions (whether negligent, intentional, or otherwise) of Lakeview. This includes, but is not limited to, all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, suits, liabilities, assertions of liability, losses, costs, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the participation in Camp, of any member of my Family, however the injury or damage is caused, including but not limited to, the NEGLIGENCE of Lakeview.

#### Inherent Risk

I fully understand and acknowledge that certain elements of Camp may be physically hazardous and that by participation in Camp, the members of my Family face the risk of accidental and/or other injury. There risks include, but are not limited to, (i) loss or damage to personal property, (ii) injury or fatality due to and/or related to walking, running, jumping, swimming, handling athletic equipment, horseback riding, zip lining and/or other physical activity, (iii) head, neck, arm, leg and/or back injuries, (iv) exposure to inclement weather, outdoor terrain and all the risks inherent therein, (v) slips and falls, and (vi) any other aspects related to Camp. I have fully investigated the nature of Camp and assume the risks of my Family's participation in Camp. I agree that my Family's participation in Camp is entirely voluntary and that no member of my Family is under any obligation to take part in Camp. I am fully aware that any member of my Family may suffer these or other injuries arising out of participation in Camp. However, I voluntarily assume these risks on behalf of my Family so they may participate in Camp.

#### Legal Release

In further consideration of myself or my family participating in Camp, the undersigned hereby agrees to the following: The undersigned, on his or her behalf and on the behalf of such participating children, hereby releases, waives, discharges and covenants not to sue Camp or any of its respective directors, officers, employees, volunteers and agents, or any fellow participants or their family members from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of Camp or otherwise while the undersigned or such participating children and family are in, upon, or about the premises of any facilities or using any equipment of or participating in any program of or affiliated with Camp.

#### Photo and Video Consent

I also consent to Lakeview's use of photographs and/or video images of any member of my Family for official Lakeview promotional purposes, including print, internet, social media, video, and other media. While the image of a member of my Family may be captured, I understand that my Family's name will not be shared. I further understand and acknowledge that I am entitled to withdraw my consent to the use of photographs and/or video images of any member of my Family, by providing a request in writing along with a photo or photos of the members of my Family to Lakeview.

#### Governed Under

This Agreement is to be governed by and construed under the laws of the State of Indiana. In the event that any term or provision of this Agreement is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect. I agree that exclusive venue for any dispute arising between Lakeview and me involving this Agreement shall be in Bartholomew County, Indiana.

#### Statement of Belief

I hereby affirm that I have read and reviewed the Statement of Belief and all of the policies as provided in Lakeview Ministries website and I discussed its policies with my family. I certify that I consent to and will submit to all of the governing policies of the camp. I understand that the standards of the camp do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the camp, or continued disobedience to the established policies of the camp.

#### Mutual Consent

I understand that the services of the camp are engaged by mutual consent, and that either the camp or I reserve the right to terminate any or all services at any time. I understand that these policies do not contractually bind Lakeview Ministries, and are subject to change without notice by decision of the camp's governing body. Admission to the camp is a privilege, not a right, and that any behavior which is not consistent with the camp's standards could result in the loss of that privilege.

Printed names of all minor children attending the program: \_\_\_\_\_

Signatures of Adult Attendees:		
Printed name:	Signature:	Date://



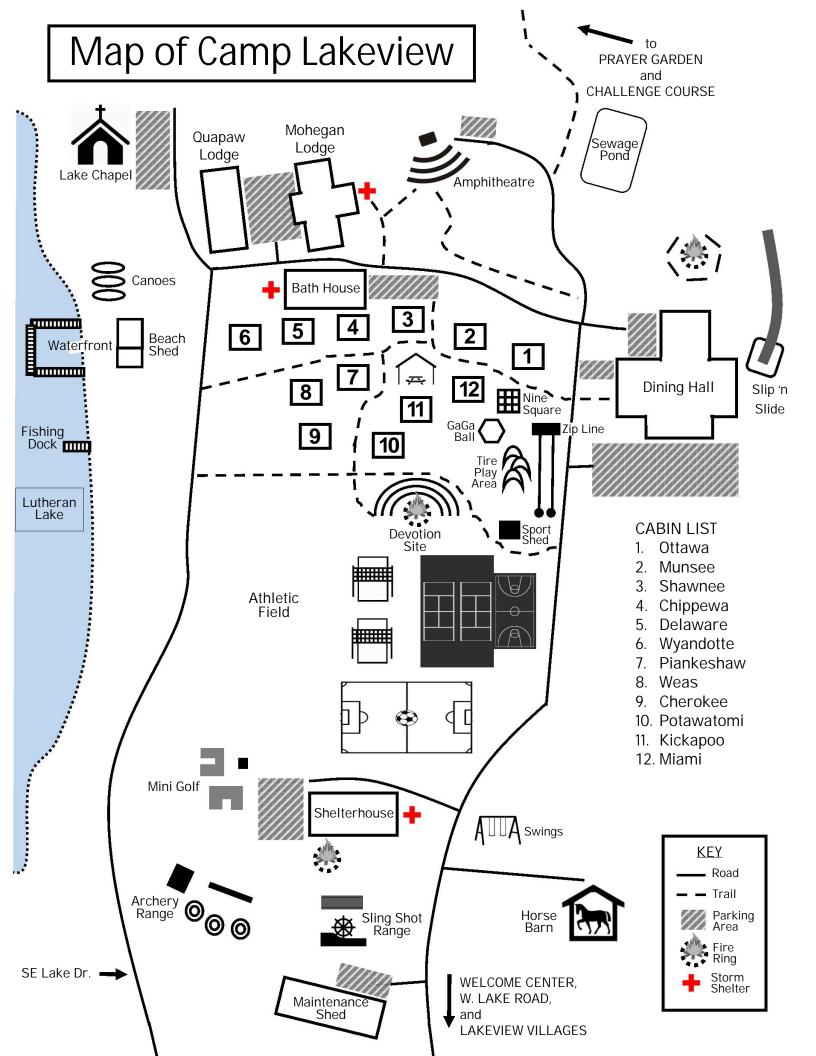
# Work Weekend TENTATIVE Schedule

Eriday Evoni	pa
Friday Eveni	6
6:30-7:15	Check In
7:30	Campfire Devotions
8:30	Orientation and Project Sign Ups
9:00	Fellowship + Snacks
	·
Saturday	
7:30 am	Breakfast and Morning Devotions
8:15	Work Projects
12:00 pm	Lunch
12:45	Work Projects
3:00	Snack
3:30	Work Projects

- 5:30 Supper
- 7:00 Worship
- 8:00 Fellowship + Snacks

Sunday Morning

- 7:30 am Breakfast and Morning Devotions
- 8:15 Work Projects
- 11:30 Project Clean Up
- 12:00 pm Lunch and Closing Announcements
- 1:00 Goodbye



# **DIRECTIONS TO CAMP**

From I-65, take the Ogilville exit (Exit 64). Go WEST on SR 58 for 8 miles. At Waymansville, turn sharp right at the general store onto 930 S (also called "W Lake Rd"). Go 1.5 miles on Lake Rd until you come to the camp entrance.

- Turn RIGHT to go to the Camp Lakeview side of camp
- Turn LEFT to go to the Lakeview Villages side of camp
- The Welcome Center/Main Office is the house on the right by the large Camp Lakeview sign

