

MICHAEL'S GATE YOUTH
LEADERSHIP RETREAT

STUDENT PACKET

June 17-22, 2007

Golden Bell

Divide, Colorado

Contact:

Michael's Gate

P.O. Box 741318

Arvada, CO 80006-1318

303-238-1973

info@michaelsgate.org

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

Dear 2007 Youth Leadership Retreat Participant,

Congratulations on your decision to attend the Michael's Gate Leadership Retreat for Youth. We hope that the six days we spend together this summer will be influential in the choices you make over the long term.

Attending the Leadership Retreat will be a fun and challenging experience. You will be asked to explore and build leadership skills; grapple with real-life social issues; plunge your hands, mind, and heart into self-discovery; and seek to find lasting solutions that you can take back home with you. You will become part of a team: find ways to see past differences, support each other during challenging times, and share in celebrations as you succeed. At times there may be tears, often there will be laughter. Without a doubt, you will leave with memories beyond compare.

The Leadership retreat will take advantage of the diverse geographical surroundings of the Colorado Mountains. The Retreat is held at the Golden Bell Camp in Divide, CO (two hours from Denver/45 minutes from Colorado Springs).

In order to prepare yourself, it is important for you to read through this packet of materials.

Enclosed you will find details about the program, as well as forms you are REQUIRED to sign and return in order to participate in the program. Please mail the forms directly to the Michael's Gate at the following address:

Michael's Gate
Michael's Gate/Youth Leadership Retreat
P.O. Box 741318
Arvada, CO 80006-1318
303-238-1973

Please make note of the registration deadlines (postmark dates)

Returning Campers Registration due January 31st, 2007

Early Discount Registration due: March 15th

Final Registration due: May 15th

LATE REGISTRATIONS WILL BE ACCEPTED DEPENDANT ON AVAILABILITY

Once we have received and processed your application, you will receive a confirmation letter/email with further information, including arrival details and other important information about the Youth Leadership Retreat. If you have any questions, please feel free to contact us at 303-238-1973 or info@michaelsgate.org.

Sincerely,

Deb Siverson
Michael's Gate Executive Director

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

PARTICIPANT INFORMATION

Transportation:

The Retreat will offer a shuttle service to Golden Bell from both Denver and Colorado Springs (site TBD). Transportation to and from the shuttle site is the responsibility of the participant or group. The shuttle will leave at noon from Denver and 2:00 in Colorado Springs. You will be responsible for your lunch this day – so if needed, please pack your lunch or a snack, for the drive to Golden Bell.

What to Wear:

IMPORTANT: Please plan to wear clothing appropriate for hiking/outdoor activities on the arrival day at the Camp. See Personal Equipment List included.

Lodging:

Dorm-style accommodations are provided. Participants will be assigned to single-sex cabins. Retreat staff will supervise the sleeping areas at all times. Medium-weight sleeping bags are the most appropriate bedding.

Swimming:

Fully qualified Red Cross-certified personnel will supervise any water-related activities. Life jackets are required when in boats or canoes. A lifeguard will be on duty during swim time at the pool.

High Adventure Activities:

Participants will be engaged in numerous high adventure activities. Please make sure parents/guardians have signed all release forms. Students without forms will not be able to participate in these activities.

Medical Forms and Medication:

Enclosed in this packet is a Confidential Medical Form. You or your physician MUST complete both sides of the form. The signed authorization must be on file at the Campsite in order for you to participate. It is crucial that the Camp is aware of any health-related concerns.

All prescription medications will be registered upon participant's arrival and will be distributed by nursing staff as prescribed/needed. Non-prescription medications such as allergy medicine, Tylenol, Advil, etc will be the responsibility of the participant to whom it belongs. Be advised that participants will be involved in strenuous physical activity; make sure you are prepared in advance.

Health Services:

We will have a Registered Nurse on Staff during the week of the retreat. Emergency services are available nearby.

Discipline:

The retreat Directors reserves the right to send home any participant who does not abide by the retreat rules. The family of any participant to be sent home will be advised that the participant is homeward bound and will be responsible for all related costs including transportation

Money and Valuables:

Very little money is needed. There is a small store and snack bar for miscellaneous items. All valuables will be collected upon arrival and stored in the program office until departure. Michael's Gate does not assume responsibility for valuables and it is strongly recommended that you do not bring valuables on site to the program. Electronics are NOT ALLOWED during the Retreat; these items will be kept by staff and returned to the participant at the completion of the training.

Phone Calls to/from Home:

Participants will not be allowed to make or receive phone calls home for the duration of the program unless it is an emergency. Please respect these guidelines and use your discretion when contacting the program site. Many students, especially during the first few days, will want to contact their friends/family members so it is a good idea to discuss this and prepare for it prior to arrival onsite. It is our experience that students who experience homesickness do better if not allowed to call home. These calls set off a new set of emotions.

PERSONAL EQUIPMENT LIST- PARTICIPANTS

Camp-type clothing (jeans, T-shirts and sweatshirts) is appropriate throughout the retreat. Keep in mind that the weather can vary from very hot days to cool evenings. You will also need clothing suitable for physical activity and exercise (i.e., gym shorts and T-shirts). No laundry facilities are available to participants, so bring enough clothing for the entire program as well as traveling days. It is important, however, to only bring essentials and to remember that you will be responsible for carrying anything you bring! Please DO NOT bring/wear new, fancy, or expensive clothing or shoes. It is possible that clothing and shoes may get very dirty and worn.

Essential/Required Items:

- Sleeping bag
- Shoes—
 - 1 pair for exercising/jogging (athletic/running/cross-training shoes)
 - 1 pair that is comfortable for walking and hiking
- Work-out/running clothes
- Insect repellent/Bug spray- enough to last 5 days (you may be using it every day, morning, noon and night!)
- Towels and washcloths
- Personal toiletries
- Sunscreen
- Water bottle
- Notebook, pencil/pen
- Flashlight
- Socks and underwear
- Pajamas
- Rain gear
- Swim suit

*Rain gear is absolutely essential. Retreat activities go on rain or shine! You should try to bring a waterproof coat with a hood. Waterproof pants are also highly recommended. You can also count on at least one pair of your shoes getting wet.

Recommended Items:

- Camera and film
- Sunglasses
- Stationery and Postage Stamps
- Shower shoes
- Pillow
- Reading materials
- Small backpack or daypack

What NOT to bring: cell phones, video games, pagers, mp3 players, personal stereos, large amounts of money, etc. If brought, these items will be collected on arrival to the Retreat and returned upon completion of the training.

**Michael's Gate EMERGENCY CONTACT
YOUTH LEADERSHIP RETREAT
June 17th-22nd, 2007
Hang me on the fridge!!!**

Pre & Post Retreat
Deb Siverson or Dameon Merkl
P.O. Box 741318
Arvada, CO 80006-1318
303-238-1973

During The Retreat
Golden Bell
380 County Rd 512
Divide, CO 80814
Phone: (719) 687-9561
Fax: (719) 687-5400

HEY PARENTS/GUARDIANS!!!

For Your Information:

Your child is joining an elite group of youth to complete this training. If you have any questions or comments, please feel free to contact us at 303-238-1973 or info@michaelsgate.org. We have additional paperwork on the details of the training that we can share with you, just give us a call, but for the effectiveness of the program, we ask that you not share it with any participant.

REQUIRED FORMS

Following is a checklist for you of a number of forms that are required for participation. Please read, fill out and sign the necessary forms and send them back to the Michael's Gate offices ASAP. Make sure you have included ALL of the following forms:

- Student Information Form
- Confidential Medical History
- Physical signed by a physician within the last two years.
(Required by state law)
- General Rules
(Michael's Gate Copy – Please keep Participant copy)
- Acknowledgement Statement and Permission Slip
(Michael's Gate Copy – Please keep Participant copy)
- Michael's Gate Participant Agreement, Release, and Assumption of Risk

Please note:

Individual participants (i.e. participants who are not attending with a group) should return all forms to the Michael's Gate offices at the address below.

PLEASE DO NOT STAPLE OR USE DOUBLE SIDED COPIES FOR THESE FORMS (Paper clipping is acceptable and recommended for group packets.)

Michael's Gate
RE: Youth Leadership Retreat Registration Material
P.O. Box 741318
Arvada, CO 80006-1318
info@michaelsgate.org

STUDENT INFORMATION FORM

PERSONAL INFORMATION:

Participant Name: _____
Parent/Guardian Name: _____
Home Address-
Number & Street Apartment: _____
City or Town State Zip Code: _____
Parent/Guardian Name & E-mail: _____
Participant E-mail: _____
Home Phone: () _____ Parent/Guardian cell phone: () _____
Parent/Guardian work phone: () _____
Participant Cell: () _____
Age as of June 17, 2007: _____ Birth date: ____/____/____

Sponsoring Organization (if applicable): _____
School-
Name City, State: _____

Gender: Male Female Grade in September 2007: _____

Ethnic Origin (mark all that apply):*

African American _____
Native American _____
Asian American _____
European American _____
Latino/a _____
Multi-racial Please specify: _____
Other Please specify: _____

Dietary Needs (Vegetarian, etc.): _____

Allergies: _____

Disability/Access Needs: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____ Cell Phone: _____

** Youth Leadership Retreat is a community built on diversity, learning, and understanding. We understand that we have not nearly come to include all races or ethnicities that we hope to embrace. We have placed an Other category not to alienate, but to attempt to reach out and learn more. Please take this opportunity to share with us how you identify yourself more specifically.*

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

CONFIDENTIAL MEDICAL HISTORY

Any information provided on this form will be held strictly confidential and will only be released to RETREAT staff as a means of ensuring the safety and well being of each participant.

General Information

Name _____ Date of Birth / / Age _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number () _____ Cell Phone () _____

Parent/Guardian Name _____ Business Phone () _____

In case of emergency and parent/guardian is not reachable, notify:

1) _____ Relationship _____

Daytime Phone () _____ Evening Phone () _____

2) _____ Relationship _____

Daytime Phone () _____ Evening Phone () _____

Family Physician _____

Clinic Name _____

Clinic Address _____ City _____ State _____ Zip _____

Clinic Phone Number () _____ Date of last Physician visit _____

Please furnish the following information about your family's health / hospitalization insurance:

Name of Insurance Company _____

Address of Insurance Company _____

Subscriber's Name _____

Certificate / Policy Number: _____

Group Number: _____

Phone Number () _____

Please include a copy of your insurance card with this form.

Name _____

Height _____

Weight _____

Health History - Attach separate sheet for any details (check and provide approximate dates).

	Frequent Colds		Asthma		Rheumatic Fever
	Frequents Sore Throats		Chicken Pox		Tuberculosis
	Sinusitis		Measles		Epilepsy
	Abscessed Ears		German Measles		Heart Trouble
	Fainting		Mumps		Kidney Trouble
	Bronchitis		Whooping Cough		Sleep Walking

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	Stomach Upsets		Diabetes		Constipation
	Hay Fever		Polio		Arthritis
	Frost Bite or Frost Nip (Dates)		Sprains (Dates)		Operation, Serious Injuries (Dates)
	Fractures (Dates)		Misc.		Allergies (see Below)

List the reasons and date for any hospitalizations. List any other diseases or details on the above conditions. _____

Indicate if you have any allergic reactions to the following*:
(Describe reaction, precautions, and treatment)

Medications	
Foods	
Insect Bites	
Plants	
Other	

Current medications: (*Please bring enough to cover your stay and have in original bottles) _____

Have you been treated for any illness or injuries in the last 12 months?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, for what and by whom? _____

Immunization (give the dates of latest inoculations or booster)

DPT Series		Tetanus Booster		Polio Series	
Rubella		Measles		Small Pox	

Tuberculin Test (type):

Result:

If you have been exposed to any communicable diseases during the three weeks prior to your travel, please consult your physician. Indicate diseases or possible exposure:

Other information we should know to provide you with a safe experience:

I certify that the information provided is accurate and complete.

DATE:

Signature of Parent/Guardian _____

Participant Name (please type/print):

Medical Treatment Authorization

The program staff must have permission to provide routine non-surgical medical care for participants/staff. Permission is also required to secure certain services which program/conference staff are not equipped to perform. These services include x-rays, laboratory tests and emergency room services. Such services are readily available at nearby community hospitals. The authorization needed is for the use of these services when deemed advisable by staff at the program. In the event of anything other than routine first aid issues, parents/guardians will be contacted immediately.

I hereby give permission to the Michael's Gate to secure emergency medical and surgical treatment and routine non-surgical medical care for:

Name of Participant (Please type/print)

Parent/Guardian Name (please type/print)

Parent/Guardian Signature /Date _____

Authorization to Dispense Non-Prescription Medication

If you so choose, you can give program staff permission to dispense non-prescription medication, including acetaminophen, ibuprofen and benadryl, for routine needs. Staff will keep a record of the time of administration and the dosage given. Please note that participants are not allowed to keep any medications, even over-the-counter medications, they might bring to the Retreat with them. All medications must be checked-in with staff upon arrival and will be dispensed as directed.

I hereby give permission to Michael's Gate to dispense non-prescription medication to:

Participant Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature/Date: _____

I do NOT give permission for staff to dispense non-prescription medication. (We ask that you inform your child of this decision before they arrive at the Retreat).

OFFICE USE ONLY

Medications:

1.	3.
2.	4.

Other concerns, red flags:

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

Participant's Name

GENERAL RULES

There are rules that govern all persons participating in the Youth Leadership Retreat. A little advanced self-examination can help make your experience, as well as that of others, a very productive and enjoyable one. The intensive nature of the Retreat needs uniform acceptance of these rules and participants will not be admitted to the program until they have agreed to the following:

- 1. Participation: The effectiveness of the Retreat depends on your commitment and 100% participation. The highest standards of behavior are expected along with full participation in all scheduled activities.
2. Smoking, Drugs and Alcohol: Smoking and tobacco use of any kind is not allowed. The use, possession, or concealment of non-prescription drugs and alcoholic beverages is strictly prohibited. Violation of the rule- either on or offsite during the program- will result in immediate dismissal.
3. Dress Code: Participants, adult partners, and staff must dress appropriately for all Retreat activities. Please keep in mind that the Retreat involves being outdoors and physical activities. Your choice of clothing should reflect that. The following are prohibited during the Retreat: Clothing that advertises alcohol, tobacco, or other drugs; clothing that conveys offensive messages of any kind; tube tops, crop tops, or low-cut tops of any kind; very short shorts/skirts; and pants/shorts that sag inappropriately. Retreat staff reserves the right to ask any participant or adult partner to change clothes if they are deemed to be dressed inappropriately.
4. Damage to Property: Each participant is legally and financially responsible for any removal, defacing or wildlife damage to public or private property. This includes property of fellow participants, advisors and staff, organizations, lodging, and camp facilities.
5. Transportation: Participants shall not leave campsite except while in transit to or from an official program activity or function. Participants may not use or be transported in private vehicles during any program function, without approval of a parent or legal guardian and the Retreat Director.
6. Visitors: The Retreat involves day and evening scheduling. Visitors are not allowed.
7. Relationships: The highest level of respect will be demanded at all times during the Retreat. No types of harassment- physical, verbal, racial, sexual or otherwise- will be tolerated. Although we encourage the development of new friendships, the Retreat is not the place to develop relationships beyond friendship.
8. The Retreat Community: Specific guidelines relative to the special nature of the community setting will be outlined when you arrive and you will be expected to abide by those as well.

I have read and understand the General Rules listed above and my personal conduct at the Michael's Gate Youth Leadership Retreat will be consistent with them. I understand that failure to follow these guidelines may result in dismissal from the Retreat and travel home will be at my own expense.

Date

Signature of Participant

Date

Signature of Parent/Guardian, if participant is under 18

PARTICIPANT COPY

Retain this form for your records

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

Participant's Name:

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Date

Signature of Participant

Date

Signature of Parent/Guardian, if participant is under 18

Michael's Gate COPY

Return this form along with your registration material

Participant's Name

**ACKNOWLEDGMENT STATEMENT FOR PARTICIPANTS
AND PARENT/GUARDIAN PERMISSION SLIP**

I have read the Youth Leadership Retreat brochure and all Participant Information. Further, I understand the following:

- A. The program schedule is rigorous and demanding.
- B. Physical conditioning/activity prior to the Retreat is strongly recommended.
- C. Scheduled program activities will be challenging, and might include:
 - 1. Water activities like canoeing.
 - 2. Conditioning activities like aerobic dancing, hiking, jogging, and extended walks.
 - 3. Outdoor adventure activities like orienteering, rappelling, rock climbing, and ropes/obstacle courses.
- D. Participants will be sleeping in supervised same-sex rooms.
- E. All Retreat participants will be involved in some form of transportation such as a bus ride to the Golden Bell Camp and a van/car ride to nearby sites in Divide.
- F. If my son/daughter breaks any of the Retreat rules and/or is consistently acting inappropriately, he/she will be sent home early at parents/guardians or participant's expense.
- G. Photographs taken of participants during Retreat activities may be publicized in Retreat publications, on-line and/or in print.
- H. The Registration form, Confidential Medical History form, and the Acknowledgment Statement are all required for participation in the Retreat.

"I fully understand all of the above and will comply with the rules/regulations of the Retreat."

Date

Signature of Participant

"I fully understand all of the above and give my permission for my son/daughter to attend the Retreat."

Date

Signature of Parent/Guardian if participant is under 18

PARTICIPANT COPY
Retain this form for your records

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

Participant's Name

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Date

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Michael's Gate COPY

Return this form along with your registration materials

MICHAEL'S GATE YOUTH LEADERSHIP RETREAT

**MICHAEL'S GATE PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK
01/20/07**

In consideration of the services of Michael's Gate, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MG"), I hereby agree to release, indemnify, and discharge MG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that my participation in ropes course and/or climbing wall activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: This program is based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities and its potential for: slips and falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, MG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MG's equipment or facilities, **including any such claims which allege negligent acts or omissions of MG.**
- 4. Should MG or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against MG, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be bound by a court of law to have waived my right to maintain a lawsuit against MG on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Address _____

Phone _____

Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by MG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MG from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____

Print Name: _____ Date: _____