

2019 CHRISTLIKE MANHOOD RETREAT

Retreat Dates: December 7-14, 2019. If flying in, arrive in Dallas before 1:30 PM and if you driving in, check-in is from 12-4 PM. Flying out make sure you fly out after 12:30 PM. Parents can pick up their sons after 9 AM Saturday morning. You can scan and emails your application to quest@alertacademy.com.

Personal Information

Full Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home phone: _____ **Cell phone:** _____

Email: _____

Date of Birth: _____ **Age:** _____

Medical History Form

Student's Name: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

INSURANCE INFORMATION *(Please attach a copy of the insurance card)* **None**

Company: _____ Policy # _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Father's name: _____ Father's date of birth: _____

Mother's name: _____ Mother's date of birth: _____

PERSONAL PHYSICIAN OR HEATH-CARE PROVIDER:

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ ZIP: _____

MEDICAL HISTORY

(Please explain any checked boxes on a separate piece of paper)

- | Past | Present | Past | Present | Past | Present |
|--------------------------|---------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> Heat-related illness |
| <input type="checkbox"/> | <input type="checkbox"/> Hypertension | <input type="checkbox"/> | <input type="checkbox"/> Medication allergies | <input type="checkbox"/> | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> | <input type="checkbox"/> Seizures | <input type="checkbox"/> | <input type="checkbox"/> Food allergies | <input type="checkbox"/> | <input type="checkbox"/> Serious injuries |
| <input type="checkbox"/> | <input type="checkbox"/> Broken bones | <input type="checkbox"/> | <input type="checkbox"/> Eye problems | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> STDs | <input type="checkbox"/> | <input type="checkbox"/> Other allergies | <input type="checkbox"/> | <input type="checkbox"/> Recurring injuries |

Weight: _____ **Height:** _____

Current Medications: _____

Dietary Restrictions: _____

Other Allergies: _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of International Alert Academy, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "IAA"), I hereby agree to release, indemnify, and discharge IAA, 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 Guided Watersport Activities, Hiking, Camping, Backpacking, Outdoor Climbing & Rappelling Tower, Swimming, Scuba Diving, Canoeing, Kayaking, Chain Saw, Fire Training, First Responder, Law Enforcement, Tech Rescue, High Angle Rescue, EMT, Paramedics training and instructions 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: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; exposure to weather, poisonous and/or carnivorous marine life, undersea wrecks, natural and artificial reefs, caves, caverns, boats and their equipment, water hazards; whitewater; boat capsizes; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, IAA personnel 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 or fail.

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 IAA 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 IAA's equipment or facilities, **including any such claims which allege negligent acts or omissions of IAA.**
4. Should IAA 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 IAA, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state 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 portions 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 found by a court of law to have waived my right to maintain a lawsuit against IAA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at IAA. 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.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Participant Signature _____ 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 IAA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless IAA 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: _____

Packing List

We are planning on doing airsoft and so if you want to participate you will need to bring your own gun so that we can keep the cost down. Maximum FPS on the gun is 600. Plan on getting muddy and bring warm clothes.

A Note of Explanation:

- Please mark all clothing items with laundry pen before arrival.
- Do not bring magazines, recorded music, music players (such as CD players, iPods or mp3 players), or computers.
- Please do not bring excessive cash or anything of great value. ALERT cannot be responsible for lost or stolen items.

Clothing

- Depending on the weather you can wear shorts or pants for PT/ events
- Bring a pair of shoes you don't mind running and getting muddy in.
- So have at least 2 pairs of shoes
- Sweatshirt
- Sleepwear
- Shower shoes (i.e. flip-flops)
- Any clothes you may want for scenarios or air soft
- The rest is up to you (socks, shirts, pants etc.)
- For the mud run you will want to wear a compression shirt as well as a shirt if it's cold.

Gear & Necessities

- Bible
- Notebook paper, pen, pencil
- Cell Phone (Phones will be turned in and checked out for phone calls. He can use a phone here if he does not have one.)
- Sleeping bag (outdoor use)
- Pillow and pillow case
- Set of twin sheets
- Towel
- Toiletries
- Laundry bag
- Water bottles (2 1-quart)
- Day pack/small backpack
- Rain poncho/Light weight Jacket
- Small first aid kit (bandages, antibiotic ointment, etc.)
- Pocket knife*
- Flashlight & batteries
- Air soft gun under 600FPS (Feet Per Second)
- Safety glasses

Optional Items

- Hat
- Gloves
- Small camping/backpacking tent*
- Any other small camping gear desired
- Spending Money
- Camera (digital cameras are welcome)

Additional Information

In order to travel lighter, you have the option to mail your supplies in advance to the address below. Be sure to include your name and address in or on the package.

Example—Retreat -Name • One Academy Blvd. • Big Sandy, TX 75755

If you have questions about the list, please contact Capt. Falkenstine by email (quest@alertacademy.com) or phone (903-636-9299).