2025 Winter Retreat
Chaperone Form

For Minors Attending Without Parent or Guardian

Pages 1-2 are to be returned to Campus Fellowship by 1 week before the retreat:
301 East Locust St., Des Moines, IA 50316 or by email jacob.bennett@campusfellowship.com.
OR
These pages are to be brought and turned into the registration table at the Winter Retreat immediately upon arrival.

I _____ am the parent/legal guardian, of the minor (under the age of 18 years) child (children) named below.

My address is:_____ _____

With full legal authority, I agree as follows:

1. I am sending my child (children) to the Winter Retreat (the "conference") beginning December 31, 2025 in the custody of the below named person whom I trust. I assume full responsibility for their safe transit and conduct to and from the conference, and for their actions and wellbeing before, during and after the conference while outside my immediate supervision or control.

2. I hereby appoint _____, who resides at this address: _____ to be Chaperone and temporary custodian over my child (children) traveling to and from and attending the Conference. I certify that the Chaperone is at least 25 years old, is authorized to act on my behalf to protect the health, welfare and well being of my child (children), and that he/she has accepted this responsibility. I certify I have given the Chaperone a signed Medical Release and as required by Campus Fellowship ("CF".)

3. I will completely indemnify, defend and save harmless Campus Fellowship and its affiliates as to all matters that may arise concerning or because of my child (children).

4. The individual appointed as Chaperone certifies that he/she is at least 25 years of age and signifies his/her agreement to serve in such capacity by signing in the place provided below.

5. The parent/legal guardian and Chaperone of the child (children) named below recognize the importance of vigilance in keeping the child (children) safe at the Conference and pledge to exercise care and vigilance as follows:

a. The Chaperone will not leave the child (children) alone or unattended in a hotel or conference meeting room, or other place during the conference. If separated from the child (children) during the Conference, the Chaperone will act with diligence to be reunited.

b. The Chaperone will instruct the minor child (children) concerning personal safety, including ways to recognize, avoid, and respond to dangerous situations, including reporting situations and seeking help.

c. Although the Conference may be attended primarily by Christians, the Chaperone will treat the Conference as a non-Christian venue, exercising the same diligence as to the child's (children's) safety from strangers as one would at any public place such as a shopping mall or theme park.

d. If the child (children) becomes ill during the Conference and have symptoms that include fever, vomiting or diarrhea, the Chaperone will take whatever precautionary measures are necessary to avoid exposing other participants to the illness.

e. The Chaperone will instruct the child (children) on proper conduct during the Conference and will warn and take steps to intervene and prevent the child (children) from engaging or continuing in any improper conduct

7. The minor child (children) to whom this document applies are as follows:

Name(s) of Minor Children:	Age	Birth Date
_____	_____	_____
_____	_____	_____

_____ _____

Parent/Legal Guardian (Please Print) Phone Number

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Chaperone (Please Print) Phone Number

_____ _____

Chaperone Signature Date

2025 Winter Retreat

Medical Release (**To Be Given to the Chaperone**)

DO NOT SEND TO THE OFFICE

I am the parent or legal guardian of the following named minor child (children) and have appointed _____ residing at this address _____ to be the Chaperone of the minor child (children) named below:

Name(s) of Minor Children:	Age	Birth Date
_____	_____	_____
_____	_____	_____

If it is not possible to contact me if my child (children) becomes ill or sustains an injury either en route to the Winter Retreat starting December 31, 2025 or during their stay there, or on the trip back home, I hereby also give my consent to the Chaperone to seek any necessary medical treatment as deemed necessary by any duly licensed physician/practitioner, that is required for the relief of pain and to preserve his/her life and health. I herewith authorize the emergency medical/surgical treatment of my child at said physician's office, or licensed medical hospital.

Medical Needs/Allergies_____

Health Insurance Company_____ Policy #_____

Home phone: _____
Work Phone: _____
Cell Phone: _____

_____ _____
Parent/Guardian Name (Please Print) Date

_____
Parent/Guardian signature