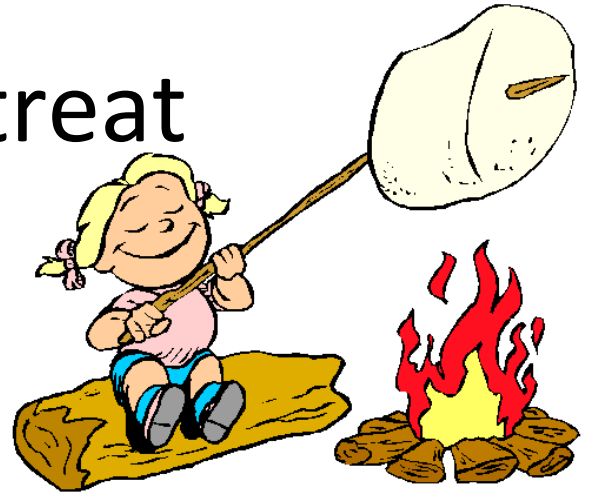


2025

Rescued Retreat

Prairie Rose EMC



- Date:** October 3-4
Location: Roseau River Bible Camp
What to Bring:
1. Bible, pen and notebook
 2. Sleeping bag and pillow
 3. Personal hygiene items
 4. Warm clothing

Departure: Meet at the Prairie Rose EMC at 5:30pm on Friday October 3 for organization and loading. We will arrange transportation. Please eat supper before you arrive, only night snack will be served on Friday.

Arrival: We expect to arrive back at the Prairie Rose EMC around 8:00pm on Saturday, October 4.

Cost: \$90.00 per person due with registration form. Pay by cash, cheques (payable to "The Rescued"), or e-transfer (nathan@prairierose.ca)

Please complete the following registration and parental consent form and hand it in to Nathan Plett by September 29 (church mailbox 158), including the \$90 retreat fee. Please note that all prescription and non-prescription medications need to be handed in to Nathan or another youth leader on Friday before leaving and will be administered by the youth leaders as needed.

If you have any questions about the retreat, feel free to contact Nathan Plett at work
204.355.4511

THE RESCUED RETREAT - INFORMED LETTER OF CONSENT
Prairie Rose Evangelical Mennonite Church

Student's Name: _____

Activity: The Rescued Retreat

Date of Activity: October 3-4, 2025

Location of Activity: Roseau River Bible Camp – 25159 Road 12N Roseau River, MB R0A 1P0

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Parents' Cell Number _____

Manitoba Medical Numbers _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact: _____

I hereby consent to the participation of my/our child in these supervised activities.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Prairie Rose EMC. I/we understand and accept these risks and agree that by allowing my child to participate in these activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director or one of the Prairie Rose EMC's Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Prairie Rose EMC, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Prairie Rose EMC, as well as of any medical treatment authorized by the supervising individuals representing the Prairie Rose EMC. This consent and authorization is effective only when participating in or traveling to events of the Prairie Rose EMC.

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ Date _____