



412

STUDENT MINISTRIES

**2015**  
*Fall Trip*  
**SEPTEMBER 19-20**

**GRADES 7-12**

*Dollywood &  
Lost Sea Caverns*

**\$115 PER STUDENT**

# \$125 PER STUDENT

(\$75 for coaches)

## DUE BY SEPT. 9TH, 2015

(OR Early Bird Rate of \$115, if you turn in your application & payment by Sept 2nd)

Students should arrive at the church at **6 AM** on **SAT, SEPT. 19TH.**

We'll return to the church around **5:30 PM** on **SUN, SEPT. 20TH.**

### *Your price includes:*

- Transportation to Pigeon Forge, then to Sweetwater, and back to Madison
- Admission to Dollywood theme park in Pigeon Forge, TN
- Hotel (Quality Inn West) accommodations in Sweetwater, TN
- Pizza on Saturday night at the hotel
- Hot breakfast at the hotel on Sunday morning
- Cave Tour of Lost Sea Caverns in Sweetwater, TN
- Glass-bottom boat tour of the Lost Sea

### *What to Bring:*

- Breakfast for the bus ride on Saturday
- Weather-appropriate clothing for the theme park
- Toiletries
- Old clothing and old closed-toed shoes for caving (The cave is 58-degrees all year round, and you WILL get muddy!)
- Clean clothes to change into after caving
- Money for lunches: at the park on Sat. & after caving on Sun. (\$30 should do)

**MANDATORY MEETING**  
**WEDNESDAY, SEPT 16TH**  
**@7:30 PM IN THE LOFT**

# 2015 Fall Trip

## SEPTEMBER 19-20

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEEN'S CELL PHONE \_\_\_\_\_

PARENT(S) CELL PHONE \_\_\_\_\_

GUEST OF \_\_\_\_\_

ROOMMATE PREFERENCE \_\_\_\_\_

### CONSENT FOR MEDICAL OR SURGICAL TREATMENT/WAIVER OF LEGAL LIABILITY

In the event that I or my dependents listed below should become ill or injured while on the Fall Trip, I, as parent or legal guardian, authorize Madison Church of Christ staff to secure and give consent for any medical or surgical evaluation and/or treatment by the physician or hospital of their choice. I understand that all reasonable efforts will be made to contact me in the case of an emergency.

I also acknowledge that my signature below constitutes full waiver of all legal liability, for myself or my child, against Madison Church of Christ, its employees, agents, associates, and staff for all activities. These activities may include but are not limited to: manual labor, transportation, swimming, hiking, arts and crafts, and individual/team sports. I give my permission for photography or video-taping of my child during any Fall Trip activities. I understand that all photos and videos taken while at this event become the property of Madison Church of Christ and may be posted on social media, including, but not limited to Facebook, Twitter, etc. I have instructed my child/dependant about the importance of following directions and instructions of the 412 Student Ministries staff. Should I be requested to do so, I will abide by all decisions of church staff and management up to and including removing my child/dependent from the trip.

By signing below, I agree to the terms listed above.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*2015  
Fall Trip*