

WEEKLY E-NEWSLETTER FROM LMC

April 29—May 5

Verse of the day: Psalm 103:2

Let all that I am praise the LORD; may I never forget the good things He does for me.

Church Office Hours

Monday—Thursday 8:00 am—3:30 pm

Friday 8:00 am—12:00 pm

Lunch Hour 12:00—1:00 pm

Anniversaries

GREENE, Tyler	05/01
JONES, Jurnee	05/01
STRAWN, Millie	05/04

Birthdays

ADER, Brian	04/30
LOVE, Susan	04/30
TEDROW, Alex	04/30
WAGLER, Alexis	05/02
BOHNERT, Annette	05/03
COURTER, Melissa	05/03
BELL, Marichris	05/04
STUFFLE, David	05/04
WEASE, Tony	05/05



WORSHIP volunteers

May 5

8:15 am service

Greeter: Marvin Bailey
Nursery: Linda Bailey
Children Church: Pam Loughmiller
Acolyte: Atticus Seymour
Intercessory Prayer: Theresa Bault
Hospitality Center: Faryl Armstrong
Computer: Rick Ayers
Sound: John Drake
Communion Servers:
Jason Loughmiller & Dave Lett
Paul & Barb McFeaters

10:45 am Service

Greeters: Dave & LuAnn Dye
Nursery: Elizabeth White
Children Church: Sondra Arvin
Acolyte: Quinn Callahan
Intercessory Prayer: Martha Greene
Hospitality Center: Derl & Shirley Littrell
Computer: Joseph Childress
Sound: Isaac Childress
Communion Servers:
James & Maggie Poirier
Terry & Karen Halser



Cancer: Pam Bullock

Military: Jamie Brewer, Casey Burgess, Mark McFeaters, Shane Wagler

Homebound: Carolyn Clark, Norma Crane, Patsy Dye, Pauline Hellums, Eleanor Johnston, Annette Potts

Loogootee Rehab Center: Delphia Baker, Charlie Boonshot

Villages of Oakridge in Washington: Jean Stuckey

Prayers for this week: Chronic Ill

Praises: Safe trip and Family Visit, Thankful Martha is home sage from her trip South The quilters missed her!

VBS



July 8 - 12
6:00 - 8:30 p.m.

Ages: 3 year olds to 6th grade students
Loogootee Methodist Church
Register at:
myvbs.org/loogooteewmsc@gmail.com



Instagram

Loogooteemc



LUMC @ Loogooteemc



www.loogooteemc.org



Loogootee Methodist Church



Loogootee MC

The Weekly News from our church is published every Monday morning. If you have information to include in the next week's edition the deadline is Thursday's no later than 3:30 pm. Call the office at 812-295-3049 or email at loogooteewmsc@gmail.com

Southwest Indiana Cantata Choir and Orchestra
H. Joyce Kim-Rohrer, Conductor

OUR FATHER

through the Lord's Prayer
words and music by Pepper Choplin

June 2, 2024
4:00 pm
Washington High
School Auditorium

This Week's Schedule

April 29— 8:00 am Quilting

9:00 am Walking for fitness

6:00 pm Dance Fitness—Family Life Center (FLC)

April 30 — 9:00 am Walking for Fitness—(FLC)

9:30 am Torah Bible Study—Room 116

May 1— 8:00 am Quilting

9:00 am Walking for Fitness—FLC

6:00 pm LMC Youth meet

7:45 pm Praise Team practice

May 2—9:00 am Walking for Fitness—FLC

9:30 am Prayer Time

11:00 am Food Pantry

6:00 pm Bible Study Fellowship—Multi-Purpose Room

6:00 pm Prayer Service in Sanctuary

May 3 — 9:00 am Walking for Fitness—FLC

6:00 pm LMC Live Wire

May 4— No Activities

May 5—Communion Sunday Special Offering Summer camp

Pastor Greg Davis will be delivering the message

8:15 am Traditional Worship Service

9:30 am Sunday School

10:45 am Contemporary Worship Service

6:00 pm Choir Practice

Everyone Is Invited

If my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land. II Chronicles 7:14

In response to this directive from the Old Testament, the community is invited to a brief prayer service on National Day of Prayer Thursday, May 2nd, at 6:00 p.m. at the Loogootee Methodist Church on West Main Street. This is for all denominations, including those who might not be able to attend the service at noon on the downtown square.



LIFT UP THE WORD
LIGHT UP THE WORLD
2 SAMUEL 22:29-31
THE 73RD ANNUAL NATIONAL DAY OF PRAYER
THURSDAY, MAY 2, 2024

NATIONAL
DAY OF
PRAYER 

WWW.NATIONALDAYOFFPRAYER.ORG

**For you are my lamp, O Lord, and my God lightens my darkness.
For by You I can run against a troop, and by my God I can leap
over a wall. This God—his way is perfect; the word of the Lord
proves true; He is a shield for all those who take refuge in Him.
2 Samuel 22:29-31|**

**We invite everyone to come Pray with us
for our Nation**

Loogootee Churches will be having a National Day of Prayer

May 2nd at 12 noon

On the Square

in front of New Beginnings Community Church



SUMMER CAMP

CAMP RIVERVALE

\$175

GRADES K-2

JUNE 16-18

**CAMPER
REGISTRATION**

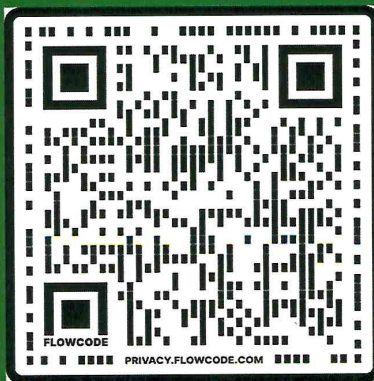


\$350

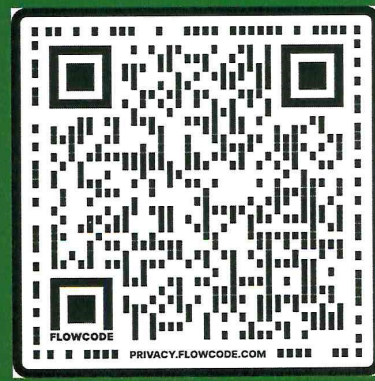
GRADES 3-6

JUNE 16-21

**CAMPER
SCHOLARSHIP**



**VOLUNTEER
REGISTRATION**



Aspire

Author & Bible Teacher
DEBBIE ALSDORF



Comedy by
KRISTIN WEBER-WITTY



Music by
LINDSAY McCAUL



*1 night – 3 hours
Just for Women
An evening full of laughter,
learning, stories & music*

FRI. MAY 3
**HILLCREST
CHRISTIAN CHURCH**
1130 HILLCREST RD.
BEDFORD, IN 47421

7:00PM SHOW
6:30PM GA DOORS OPEN
6:00PM VIP DOORS OPEN

SUN. MAY 5
**BLOOMFIELD
METHODIST CHURCH**
60 W. MAIN ST.
BLOOMFIELD, IN 47424

5:00PM SHOW
4:30PM GA DOORS OPEN
4:00PM VIP DOORS OPEN

ADVANCE TICKETS

General Admission – \$30
VIP/Reserved – \$40
Group tickets for 10 or more – \$25
VIP/Reserved Groups for 10 or more – \$35.
Group sales call 480-812-1100

VIP/Reserved Includes: Snack Bag, Early
Entry, Reserved Seat, Pre-show Q-n-A

Purchase tickets at **480-812-1100**
or online at: ASPIREWOMENSEVENTS.com



- DO YOU HAVE DIABETES?
- WANT TO MAKE THE BEST CHOICES FOR YOUR HEALTH?

WE CAN HELP...

Dining

with Diabetes



DATES, TIMES: Thursdays April 4
April 18
April 25
May 2
Time: 5:30pm-6:30pm

LOCATION: Purdue Extension-Monroe Co. Office
3400 S Walnut St.
Bloomington, Indiana 47401

COST: FREE

Nutrition and physical activity are keys to managing your type 2 diabetes. But where do you start? The *Dining with Diabetes* program can help!

- *Dining with Diabetes* consists of four sessions and a reunion.
- Adults with type 2 diabetes (or who are at risk) are invited to participate. Family members, caregivers, and support persons, too.

The schedule:

Week 1 — What is diabetes? / Snacks & appetizers

Week 2 — Carbs & sweeteners / Desserts

Week 3 — Fats & sodium / Main dishes

Week 4 — Putting it all together! / Side dishes

To register:
Call the Extension Office at
812-349-2575 or email the
office at
monroeces@purdue.edu

Limited Spots!

RSVP by April 1st



Extension - Health and
Human Sciences



For more information, visit
<http://www.purdue.edu/hhs/extension/dwd>

THE LOOGOOTEE METHODIST CHURCH

208 West Main St
Loogootee, IN 47553

Church: 812-295-3049 e-mail: loogooteewmsc@gmail.com Fax: 812-295-3049

April 4, 2024

Loogootee Methodist Church
208 W. Main St
Loogootee, IN 47553

To Graduating Seniors and College Graduates from Loogootee Methodist Church,

We congratulate you as graduates from your high schools and college in the Class of 2024! You have accomplished much in your time of learning over the past years. As your church family, we have enjoyed being part of your faith journey during this time.

On Sunday, May 19, 2024, in our 10:45 AM worship service we would like to honor all of our graduates. We invite you to be part of this special service by participating in the following ways:

- Set up a Graduate display in our fellowship hall for the Sunday School/Fellowship time which begins at 9:15 AM until our 10:15 AM service time. There will be a reception during this time.
- Be present with any family members that you would like to invite to our worship service. We will ask you to come forward, be recognized and receive a gift from the Church.
- Turn in approximately 20 photos which will be scanned, or turn in your photos on a flash drive or CD, of your life from birth to now marking special occasions. Please inform us of the High School/College you attended. All college Graduates please inform us on the degree you received. These will be made into a power-point presentation. Please turn in your photos by Sunday, May 5th.
- If you have made a decision to future plans, please let us know.
- Wearing of cap and gown for the worship service is optional and will be left up to you.

We do hope you participate in this special service, and will let us know by Sunday, May 5th, of your plans.

In Christ,
Jean Survance, Education Chairman



Camp Rivervale: We have scholarships available. Contact the church office for more information.

Salvation Army Camp is available. Check out their website at hiddenfallscamp.org



For Discounts at Holiday World check out their website. Go to the Fun club and

Username: Holiday1613, Password: World1613

Thank you for your interest in Hidden Falls Summer Camps!

We are excited to welcome your child to Hidden Falls this summer. Summer is a wonderful time to enjoy the outdoors, learn something new, have fun and build friendships. More importantly, we always share the Gospel of Jesus Christ with everyone who comes to camp.

Registration instructions

1. In order to start registration, please do **ONE** of the following:
 - Fill out the Camper Interest Form online at <https://www.hiddenfallscamp.org/camp/>
OR
 - Take a picture of or scan the completed Camper Interest Form and email it to: uscindoyouth@usc.salvationarmy.org
OR
 - Call 317-937-7000 and ask for the Youth Department
2. This information will be put into our registration software, and you will receive an email with a link to complete online registration. Please allow up to 3 days after submitting information before it is input into the system.
If you do not receive an email to complete online registration, please email uscindoyouth@usc.salvationarmy.org.
3. In addition to online registration, there are 2 paper forms we still need you to fill out. These can be scanned and emailed, or mailed to Hidden Falls Camp, 208 Hidden Falls Camp Rd, Bedford IN 47421.
These two forms are:
 - **Participant Assumption of Risk and Waiver Agreement
 - **Summer Food Service Program Form
4. Complete your online registration as soon as possible, as your child's spot is not reserved until the entire online portion is complete!
5. When completing the online application, please note:
 - It will ask for immunization dates; these are NOT required. If you do not wish to enter immunization dates, just click on the checkbox at the bottom of the page.
 - Be prepared to enter your child's Primary Doctor's name and phone number and your child's health insurance information.
 - Have the names and phone numbers of 2 additional people besides the primary parent whom we can call in case of emergency.



Summer Camp Interest Form 2024

County _____

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Camper First Name: _____ Last Name: _____

Date of Birth (Month, day, and year): _____ Male Female

Please place a check mark on the camp(s) you plan to attend and return to your local Salvation Army Liaison/Rep
This form DOES NOT mean your child is registered. You must complete the online registration.
Campers may sign up for a maximum of 3 camps. They must meet age requirements.

Teen Camp

June 10-14 (Mon-Fri)

For youth ages 13-17.

Junior Kids Camp

June 17-20 (Mon-Thurs)

For youth ages 6-8.

Kids Camp

June 24-28 (Mon-Fri)

For youth ages 9-12.

Music Camp

July 1-6 (Mon-Sat)

For youth ages 9-17. This is a working camp and campers must understand they have multiple music classes every day. Please choose **ONE** of the following classes for the week.

- Band (Brass, Woodwind, or Percussion – Campers MUST have prior experience & bring instrument to class)
- Beginner Brass instruction
- Vocal/Choir
- Guitar - Does the camper have a guitar they can bring to camp? YES or NO

Please also choose **ONE** elective class for the week.

- Ukulele
- Piano
- Rhythm/Percussion
- Dance
- Drama
- Worship Leading/Praise Team
- Hidden Falls TV
- Sound & Media
- Digital Music Production
- Digital Arts & Graphic Design

STEAM+ Camp

July 8-12 (Mon-Fri)

For youth ages 9-14. Please choose **ONE** class for the week.

- Visual Arts (ages 9-11 only)
- Visual Arts (ages 12-14 only)
- Sports (ages 9-11 only)
- Sports (ages 12-14 only)
- Triple A: Art, Arithmetic & Archery (ages 10-12 only)
- The Right Mix: Kitchen Science (ages 11-13 only)
- Drones 101 (ages 12-14 only)
- Engineering Challenges (ages 9-11 only)
- Science & Art: Egyptian Style (ages 12-14 only)

TSAO Camp (The Salvation Army Outdoors)

July 15-19 (Mon-Fri)

For youth ages 13-17. Campers will stay in tents and experience life in the outdoors.

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:**

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): _____

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance Child Support Alimony	How often received?				Pensions, Retirement, Social Security, SS, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x/Month	Monthly	Annual		Weekly	Every 2 Weeks	2x/Month	Monthly		Weekly	Every 2 Weeks	2x/Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income
Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here. \$

Child Income: Weekly Every 2 Weeks 2x/Month Monthly Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL; Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form _____ Signature of Adult _____ Today's Date _____

Mailing Address (if available) _____ City _____ State _____ Zip _____ Phone (optional) _____ Email (optional) _____

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	Public Assistance/Alimony/Child Support • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	Pensions/Retirement/All other sources of Income • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment Income • Earned interest • Rental Income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: _____

How often? Weekly Every 2 Weeks 2x Month Monthly Annual

Household size: _____

Categorical Eligibility:

Eligibility: Free Reduced Denied

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.



The Salvation Army Hidden Falls Camp & Conference Center Waiver/Release of Liability Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp"). I understand that I/my minor child may take part in activities which may include: transportation, swimming, kayaking, paddle boats, fishing, slip n' slide, high and low ropes course, climbing wall, zip line, paintball, hayride, high intensity activities, archery and other shooting sports, field trips, indoor & outdoor games, bicycling, and other activities consistent with the purposes of the Camp (each, an "Activity"). I also understand that use of the facilities and equipment at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp") may involve risk of bodily injury, property damage, or exposure to contagion (including COVID-19), and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp"). I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army Hidden Falls Camp & Conference Center (the "Camp") facilities and services, except as limited by law.

In consideration of being permitted to participate in the Camp, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of my/my minor child's participation in any Activity.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me/my child while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, hold harmless and defend The Salvation Army, its officers, agents, employees, and volunteers from any and all liability or costs, including attorney's fees, associated with or arising from my/my child's participation in any Activity and arising from any cause, including vehicles, except for matters caused by the willful misconduct or gross negligence of The Salvation Army or its officers, agents, employees, and volunteers while acting within the scope of duties of such relationship to The Salvation Army.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Participant

Printed Name of Parent/Guardian **OR** Adult Participant

Signature of Parent/Guardian **OR** Adult Participant

Date

Rev (6/20)