

# Participant/Parent Information Packet 2024





### **Lodging Location**

IMPACT Retreat Center  
307 1st Avenue South,  
Myrtle Beach SC 29577

### **Important Numbers**

Bobby Miller Cell Phone: 229-221-5723  
Logan Davis Cell Phone: 229-254-9912  
James Robertson Cell Phone: 229-869-3682  
Rick Yentzer Cell Phone: 229-224-8126  
Donna Chastain Cell Phone: 229-224-8336  
Brook Conger Cell Phone: 229-289-2903  
Shannon Yentzer Cell Phone: 229-224-8148  
Michelle Woods (Impact Ministries) Cell Phone: 864-630-7632

# Mission Trip Schedule

Below is the Mission Trip schedule for the week. As you can see, the schedule is full. Please ensure your student leaves for the trip rested and impress on them the importance of going to bed on time while on mission.

## **Sunday - June 16**

7:00 AM Leave DSBC  
3:00 PM Arrive at Impact - 307 1st Avenue South, Myrtle Beach SC 29577  
5:30 PM Impact Ministries Missions Send-Off  
6:15 PM Publicity for day camps  
11:00 PM Lights Out

## **Monday, June 17**

What to wear today: Closed toe & heel shoes. Impact shirt. Refer to the Dress Code.

7:00 a.m. Wake up, breakfast & Quiet time  
8:00 AM Leave for Day Camp Sites  
Group 1 Pirateland - 5401 S Kings Hwy, Myrtle Beach, SC 29575  
Group 2 Travel Park - 10108 Kings Rd Myrtle Beach, 29572  
Group 3 Apache - 10108 Kings Rd, Myrtle Beach, 29572  
12:30 PM Lunch  
1:30 PM Hospitality & Beach ministry  
5:00 PM Broadway at the Beach - 1325 Celebrity Cir, Myrtle Beach, 29577  
9:00 PM Church Group Time  
11:00 PM Lights Out!

## **Tuesday, June 18**

What to wear in the morning: Closed toe & heel shoes. Impact shirt. Refer to the Dress Code.

7:00 a.m. Wake up, breakfast & Quiet time  
8:00 AM Leave for Day Camp Sites  
Group 1 Pirateland - 5401 S Kings Hwy, Myrtle Beach, SC 29575  
Group 2 Travel Park - 10108 Kings Rd Myrtle Beach, 29572  
Group 3 Apache - 10108 Kings Rd, Myrtle Beach, 29572  
12:30 PM Lunch  
1:30 PM Beach & Senior Living  
5:00 PM Broadway at the Beach - 1325 Celebrity Cir, Myrtle Beach, 29577  
9:00 PM Church Group Time  
11:00 PM Lights Out

## Wednesday, June 19

What to wear in the morning: Closed toe & heel shoes. Impact shirt. Refer to the Dress Code.

- 7:00 a.m. Wake up, breakfast & Quiet time
- 8:00 AM Leave for Day Camp Sites
  - Group 1 Pirateland - 5401 S Kings Hwy, Myrtle Beach, SC 29575
  - Group 2 Travel Park - 10108 Kings Rd Myrtle Beach, 29572
  - Group 3 Apache - 10108 Kings Rd, Myrtle Beach, 29572
- 12:30 PM Lunch
- 3:00 PM Free Time at Myrtle Beach
- 9:00 PM Church Group Time
- 11:00 PM Lights Out!

## Thursday, June 20

What to wear in the morning: Closed toe & heel shoes. Impact shirt. Refer to the Dress Code.

- 7:00 a.m. Wake up, breakfast & Quiet time
- 8:00 AM Leave for Day Camp Sites
  - Group 1 Pirateland - 5401 S Kings Hwy, Myrtle Beach, SC 29575
  - Group 2 Travel Park - 10108 Kings Rd Myrtle Beach, 29572
  - Group 3 Apache - 10108 Kings Rd, Myrtle Beach, 29572
- 12:30 PM Lunch
- 1:30 PM Beach & Senior Living
- 5:00 PM Broadway at the Beach - 1325 Celebrity Cir, Myrtle Beach, 29577
- 9:00 PM Church Group Time
- 11:00 PM Lights Out

## Friday, June 21

What to wear: Closed toe & heel shoes. Impact shirt. Refer to the Dress Code.

- 7:00 a.m. Wake up, breakfast & Quiet time
- 8:00 AM Leave for Day Camp Sites
  - Group 1 Pirateland - 5401 S Kings Hwy, Myrtle Beach, SC 29575
  - Group 2 Travel Park - 10108 Kings Rd Myrtle Beach, 29572
  - Group 3 Apache - 10108 Kings Rd, Myrtle Beach, 29572
- 12:30 PM Leave for Home
- 9:00 PM Estimated arrival time

# Mission Trip Checklist

Here is a little reminder of some of the important things you want to make sure you have taken care of before you leave.

Signed release forms (1 Impact, 1 DSBC, 1 Broadway)(PLEASE DO NOT DATE THEM!!)

- Signed Participant form (DSBC)
- Final balance paid (due by Wednesday, June 19, 2024)
- Proper clothing
- Pillow
- Bedding for twin bed, and towels
- Toiletries
- Bible, pen and notepad
- Spending money (3 - fast food meals)
- Camera if wanted
- Money for snack foods
- Great attitude!
- Tell Mom & Dad you love them!
- Prescription medicines labeled and placed in a Ziplock baggy.

## What To Bring

- Linens, towels, pillows, blanket, (twin beds)
- Water bottle you can refill and carry with you
- Closed toe, closed heel shoes (for outdoor activities)
- Bible, notepad, and pen
- Toiletries such as toothbrush and shampoo
- Sun protection
- Spending money for snacks, 3-fast food type meals
- Summer clothing (see dress code below)

## What Not To Bring

- Alcohol, tobacco, illegal drugs, fireworks, water guns, or any kind of weapon
- We recommend no cell phones, iPods, playstation portables or other gaming devices, roller blades or skateboards. If students do bring cell phones or iPods please ensure these are not distractions at Mission Trip.
- Items that may be used for pranks such as water balloons, shaving cream, silly string, etc.
- Pranks are not allowed at Mission Trip. You will be charged for any damages or issues related to clean up.

# Behavior

EVERYWHERE IS A MINISTRY SETTING! If a group or individual breaks the rules or offends someone we are attempting to share the Gospel with, our ministry is damaged.

Please remind your participants that we have negotiated and made arrangements with the management and leaders of the communities in which you minister. Their rules . . . no matter how inconvenient . . . must be followed. You are a representative for your church, IMPACT Ministries, and most importantly, Christ. Actions and attitudes should be consistent with His teachings.

PDA, public displays of affection, such as holding hands, etc. may distract from what we are trying to accomplish! We are here to meet the needs of others and not our own. Drugs, alcohol, or tobacco products may not be used.

To keep sun out of the eyes, wear ball caps. No sunglasses are to be worn during ministry activities so that clear eye contact can always be made.

## Dress Code

The following policy has been established for ALL those who serve with IMPACT Ministries. We feel this is the best way to present ourselves while we are serving at any ministry site.

Also, all summer missionaries will adhere to this dress code:

### Policy for females:

Casual clothing guidelines

- T-shirts are acceptable except those with questionable logos (i.e. alcoholic beverage ads, profanity, etc.).
- Sleeveless shirts with wide-width straps are acceptable.
- Cut-off shirts are not acceptable (Do not cut the sleeves off the IMPACT shirts).
- No bare midriffs; if low rise pants/shorts are worn.
- Sneakers/Tennis Shoes that are close-toe must be worn at all campground day Mission Trips and community night Mission Trips.
- Shirts must be worn over swimsuits at beach ministry sites

### Policy for males:

Casual clothing guidelines

- Shirts must be worn at all ministry sites
- T-shirts are acceptable except those with questionable logos (i.e. alcoholic beverage ads, profanity, etc.)
- Sleeveless shirts are acceptable, but not cut-off shirts (Do not cut the sleeves off the Mission Team t-shirts!)
- Pants must be worn around the waist not hips
- Sneakers/Tennis Shoes that are close-toe must be worn at all campground day Mission Trips and community night Mission Trips.
- Shirts must be worn at beach ministry sites with swimsuits

### Make sure your student does NOT pack anything that:

- Advertises alcohol, tobacco, or illegal drugs.
- Explicitly or implicitly promotes racism, sexism, or hatred of any group or person.
- Explicitly or implicitly refers to sexual actions or situations.
- Has spaghetti/small straps or open back, except for sleepwear.
- Is excessively short or tight fitting.

# Mission Trip

## Participant Responsibilities

This is going to be a great weekend for you and other participants. Make sure you live up to the responsibilities mentioned below to ensure a safe, fun Mission Trip experience for everyone.

**1. You will be responsible to keep yourself healthy.**

The use of tobacco products, alcoholic beverages, illegal drugs and over-the-counter non-prescription products are prohibited.

**2. You will be responsible for the safety of yourself and others.**

Possession of fireworks, firearms, guns and Knives is prohibited.

**3. You will be responsible to follow the Mission Trip schedule.**

No changes will be made in assignments or the schedule without permission of the Youth Pastor. In consideration of others, lights out should and will be respected.

**4. You will be responsible to stay in designated Mission Trip areas.**

For your own safety and security, you must stay with your group at all times. Your Youth Pastor & Adult Leaders must know where you are at all times. You may not leave any Mission Trip area without prior permission of the Youth Pastor.

**5. You will be responsible for the security of yourself and others.**

We will all need to respect one another's property and possessions by not tampering with or taking another's belongings.

**6. You will be responsible for maintaining a clean environment.**

You will need to do our best to keep your area clean and free from litter. We will be careful to respect the property and grounds of the place you call "home" for the weekend.

**7. You will be responsible for exhibiting a Christlike Spirit.**

We will strive at all times to exhibit the best attitude toward one another, our hosts, our leadership and the residents of the community. We will not abuse one another's property or personality.

These responsibilities are designed to make the week a pleasant experience for all involved. If participants choose not to accept these responsibilities, they forfeit the privilege of participation and will be sent home.

*I have read the responsibilities above and agree to follow them during the week of Mission Trip. My parents and I understand that failure to do so will result in disciplinary action and the possibility of being sent home.*

Signed:

Participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

DSBC PERMISSION FORM

Effective dates: June 16, 2024 to June 21, 2024

Please print in ink

Participant Name: LAST FIRST MIDDLE Age Birthday

School Grade Male Female Email

Address City State Zip

Phone Cell

Medical insurance provider Policy #

Mother's name Phone: Home Work

Father's name Phone: Home Work

Emergency contact Phone: Home Work

Physician Office phone

Dentist Office phone

\_\_\_\_\_ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by Dawson Street Baptist Church (hereinafter the "Church") from June 16, 2024 to June 21, 2024.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broom ball, ice skating, volleyball, softball, baseball, Mission Trip, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed this day of \_\_\_\_\_ by \_\_\_\_\_ Notary Public # \_\_\_\_\_





All participants and leadership must complete this form to be eligible to participate. Participants under the age of 18 must have the signature of a parent or guardian. The form includes Medical Authorization, Publicity Release, Agreement to Indemnify, Release of Liability, and Parent/Guardian Consent to Participate.

ALL SECTIONS MUST BE COMPLETED FOR ELIGIBILITY. Return this form to your group leader as soon as possible. Group leaders are responsible for submitting the entire form to IMPACT Ministries Myrtle Beach, and making a copy of each, for your personal use.

### PERSONAL DATA AND MEDICAL INFORMATION

Name(Last) \_\_\_\_\_ (First) \_\_\_\_\_ Birth Date/Age \_\_\_/ \_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

List ALL Known Allergies (including food, drug, insect bites, etc.) \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Current Medications (state frequency and dosage for each medication) \_\_\_\_\_  
Date of Most Recent Tetanus Immunization \_\_\_\_\_  
Medical Conditions/Restrictions Preventing Normal Missions Activity \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

(Please attach a copy of the front and back of your insurance card)

Carrier Name and Contact Number \_\_\_\_\_  
Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_  
Relationship of Insured to Participant \_\_\_\_\_

### MEDICAL AUTHORIZATION

#### TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I/We hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of myself or the above-named participant, while attending the event at the IMPACT Ministries Myrtle Beach. I/We agree to be financially responsible for the costs of such treatment.

#### CONSENT TO DISCLOSE MEDICAL INFORMATION

I/We further authorize the IMPACT Ministries Myrtle Beach and its authorized representatives to disclose any health-related information for myself or the above-named participant, to any health care provider, until such time as you are able to reach me/us personally.

**CONSENT AND RELEASE OF LIABILITY BY PARENT(S)/GUARDIAN(S), AND INDEMNIFICATION AGREEMENT**

I/We hereby~ approval for \_\_\_\_\_ (Individual's name) to attend IMPACT Ministries Myrtle Beach hosted by \_\_Dawson Street Baptist Church\_\_ (Church/Organization Name) from \_\_6/16/24\_\_ to \_\_6/21/24\_\_ (dates). In consideration for the individual being allowed to participate In this activity, I/we, for ourselves and our child, assume all risks and hazards related to the camp activities, including transportation to and from IMPACT Ministries Myrtle Beach; further, I/we do hereby release and discharge \_\_Dawson Street Baptist Church\_\_ (Church/Organization Name), IMPACT Ministries Myrtle Beach, and their respective directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperones from the church/organization (collectively referred to as "Released Parties"), from any loss, injury, or other damage to me/us and the Participant arising out of or in any way related to activities hosted by IMPACT Ministries Myrtle Beach, including all activities and transportation to and from IMPACT Ministries Myrtle Beach. I/we further agree to indemnify and hold harmless the released parties from any claims, losses, injuries, and/or other damages related to or arising from the above-named participant's participation in IMPACT Ministries Myrtle Beach, including but not limited to any claims submitted by or on behalf of the participant.

**PUBLICITY RELEASE**

In consideration for the participant being allowed to participate in IMPACT Ministries Myrtle Beach, I/VI/e, for ourselves and our child, hereby authorize the IMPACT Ministries Myrtle Beach to record the participant and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release and discharge the IMPACT Ministries Myrtle Beach, and their directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperones from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

**I/WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE FURTHER WARRANT THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY/ OUR KNOWLEDGE**

In witness whereof, I/we have executed this form on the date indicated below.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

A participant under the age of 18 requires one signature from the following:

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*THIS FORM MUST BE NOTARIZED BY THE PARTICIPANT IN THE PRESENCE OF A NOTARY\***

State of \_\_\_\_\_ County/Parish of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person acknowledged).

Seal: \_\_\_\_\_ (Signature of Person Taking Acknowledgment)

\_\_\_\_\_ (Title or Rank)

\_\_\_\_\_ (Serial Number, if any)

Witnessed this day of \_\_\_\_\_ by \_\_\_\_\_ Notary Public # \_\_\_\_\_

# Broadway GENERAL RIDER # 1

## WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of permission from BROADWAY AT THE BEACH, INC., a South Carolina corporation, ("Property Owner") to allow the undersigned to attend and participate in the balloon sculpting and face painting (the "Event") at Broadway at the Beach ("Property"), on June 17, 2024 at 5:00 p.m. through June 17, 2024 at 7:00 p.m., June 18, 2024 at 5:00 p.m. through June 18, 2024 at 7:00 p.m. and June 20, 2024 at 5:00 p.m. through June 20, 2024 at 7:00 p.m., organized and hosted by IMPACT MINISTRIES OF MYRTLE BEACH and DAWSON ST. (the "Event Organizer"), the undersigned acknowledges and agrees as follows:

1. There is an inherent risk of injury from my presence at, and/or participation in, the Event.
2. Without limiting the foregoing, I am aware of the contagious nature of certain diseases including COVID-19 ("Disease"), and I acknowledge the risk that I may be exposed to and that I may contract Disease by being on the Property and engaging in the Event. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, and/or property damage. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Property Owner's employees. I understand that the Property Owner cannot guarantee that I will not become infected with Disease while on the Property. I agree to comply with all COVID-19 protocols required by federal, state, county and municipal authorities and by the Property Owner at all times during the Event and while on the property known as Broadway at the Beach, including but not limited to requirements to related to hand sanitation, social distancing and use of face coverings during the Event.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS RELATED TO MY PRESENCE AT, AND/OR PARTICIPATION IN, THE EVENT, BOTH THE RISKS KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as hereinafter defined), AND I ASSUME FULL RESPONSIBILITY FOR MY ATTENDANCE AND/OR PARTICIPATION IN THE EVENT.
4. If I observe any unusual significant hazard during my presence at, or participation in, the Event, I will remove myself from participation in such Event and bring such to the attention of the nearest official or representative of the Property Owner immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, HEREBY WAIVE ANY CLAIMS AGAINST, RELEASE AND HOLD HARMLESS the Property Owner, and its officers, directors, board members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the Event (the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, hereby agree to indemnify and hold harmless the Releasees against any loss, costs, damages, liens, expenses (including attorneys' fees), lawsuits, claims, procedures, actions or other liability claimed or imposed upon the Releasees for any property damage or loss, personal injury of any kind, illness and/or death, whether arising from the negligence of the Releasees or otherwise. I agree to defend and indemnify Releasees from any claim, cost, or expense arising from or relating to my acts or omissions or alleged acts or omissions while participating in the Event.
7. I further expressly agree that this Waiver and Release of Liability and Assumption of Risk (this "Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina and that if any portion thereof is held invalid, it is expressly agreed that the remaining terms and conditions shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FULLY INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY AS TO THE ABOVE RELEASEES TO THE GREATEST EXTENT ALLOWED BY LAW. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.**

Signature \_\_\_\_\_

Name, printed \_\_\_\_\_

Date \_\_\_\_\_

**Note: A fully signed copy of this Agreement must be received before the Participant is allowed to take part in the Event.**

### FOR INDIVIDUALS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

**I hereby authorize the participation and attendance of my child in the Event. I further certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, family and next of kin, I release and agree to indemnify the Releasees from any and liabilities incident to my minor child's involvement or participation in the Event as provided above, EVEN IF ARISING FROM ANY RELEASEE'S NEGLIGENCE. I fully understand the terms and conditions of this Agreement as set forth above and expressly agree to be bound by the foregoing terms and conditions.**

Parent/Guardian Signature \_\_\_\_\_

Parent's name, printed \_\_\_\_\_

Minor's name, printed \_\_\_\_\_

Date \_\_\_\_\_

**Note: A fully signed copy of this Agreement must be received before the minor is allowed to take part in the Event.**