

MD5M LEO LEADERSHIP CONFERENCE 2019

The 2019 MD5M LEO Leadership Conference offers:

- Youth Development
- Leadership Skills
- Community Service
- Team Building
- Workshops
- Challenge Course
- Sunday Service Project

Registration: \$125 Leo and Lion's Members*
\$15 for guest meal

Camp Friendship: 10508 108th St. NW
Annandale, MN 55302

The Camp is open to any and all Alpha Leos
and potential Leos (ages 12-18)

**Includes all meals, lodging, training, materials and activities.*

OCTOBER 11-13, 2019

Please complete the following by October 1, 2019.

- ☐ Fill out enclosed Registration Form
- ☐ Enclose payment
- ☐ Fill out enclosed Liability Waiver
- ☐ Fill out Camp Friendship waiver (before dropping child off)
- ☐ **GET READY TO HAVE FUN!**

Thank you for filling out the forms before you arrive.
This greatly reduces registration time.

Note: There will be no lunch served on Sunday.

TENTATIVE SCHEDULE

FRIDAY, OCTOBER 11

5-7 PM ARRIVAL & REGISTRATION
6-7 PM DINNER
7-10 PM TEAM BUILDING

SATURDAY, OCTOBER 12

8-9 AM BREAKFAST
9AM –NOON WORKSHOPS
NOON-1 PM LUNCH

1-5 PM CHALLENGE COURSE
6-7 PM DINNER
7-9 PM ACTIVITIES

SUNDAY, OCTOBER 13

8-9 AM BREAKFAST
9-10:30 AM SERVICE PROJECT
10:30-11 AM AWARDS AND PICTURES
11-11:30 CABIN CHECKOUT

Visit www.facebook.com/MD5MLEOS
for additional conference information

CONTACT/MAIL TO:

ANNA WICKENHAUSER
13650 CO. ROAD 41
COLOGNE, MN 55322

Lionannaw@gmail.com
Fax 952-466-2827
Cell 952-913-1467

Leadership Experience Opportunity



MD5M LEO LEADERSHIP CONFERENCE



MD5M LEO LEADERSHIP CONFERENCE REGISTRATION FORM



Registration Deadline: October 1, 2019

In consideration of participation in this LEO Leadership Conference, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Lions Organization and its volunteers from any and all injuries I may incur. I understand that any photographs and video recordings may be used by the Lions Organization. All persons under the age of 18 must have parent/guardian signature to participate.

Parent/Guardian Signature : _____ Date: _____

Name: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Club Name: _____ Sponsoring Club: _____

Check all the Apply: ☐Adult ☐Grade 5-8 ☐Grade 9-12

T-Shirt Size (adult sizes) ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL

Medical Condition: ☐Yes ☐No If so, explain _____

Any Special Needs: ☐Yes ☐No If so, explain _____

Emergency Contact Person _____ Ph _____

_____ (initial) I give permission for Conference Staff to perform basic first aid if needed.

REGISTRATION OPTIONS:

\$ _____ Leo/Lion Member \$125.00

\$ _____ Guest Meal \$15.00

\$ _____ Total Enclosed

Make Checks Payable to: MD5M Leo Leadership Conference

Additional Notes: _____

Return Completed Form by October 1, 2019 to:

Anna Wickenhauser

13650 County Rd 41, Cologne MN, 55322

lionannaw@gmail.com . Fax: 952-466-2827 . Cell: 952-913-1467

CAMP FRIENDSHIP LIABILITY WAIVER



Registration Deadline: October 1, 2019

I, the undersigned, on my own behalf and/or as the parent/guardian of the minor so named (the "Participant"), hereby agree to the following:

COMPLETE WAIVER, RELEASE, AND COVENANT NOT TO SUE. In consideration of True Friends permitting the Participant to be present upon and use the facility commonly known as Camp Friendship, located at 10509 108th St NW, Annandale MN 55302 (the "Facility"), and/or participate in the Activities (as defined below) I, on my own behalf and on behalf of Participant if a minor, hereby waive liability on the part of, discharge and agree not to sue or to execute upon any judgment against, and release True Friends, its employees, representatives, directors, instructors, successors, or assigns (collectively, "True Friends"), from any and all liability, loss, injury, death, damages, costs, expenses, including costs and attorneys' fees, causes of action, and claims of any kind or type, which may have arisen, or may arise, while the Participant is present upon or using the Facility and/or participating in the Activities.

ASSUMPTION OF RISK. I am fully aware that there may be risks and hazards associated with being present upon and using the Facility, and I, or the Participant, elect to voluntarily be present upon and use the Facility knowing that there may be risks or hazards. I further understand that while present upon the Facility, I or the Participant may voluntarily participate in activities offered by True Friends, which activities may include, but are not limited to, a challenge course, zip line course, golf cart operation, and waterfront and/or aquatic center use (each an "Activity" and collectively, "Activities"). I acknowledge and agree, on my own behalf and on behalf of the Participant, that the Activities are inherently dangerous and subject the Participant to physical exertion and the possibility of physical illness or injury, ranging from minor to serious or catastrophic injuries and/or death. Risks include, but are not limited to, drowning, falling, injuries resulting from latent or apparent defects or conditions in equipment or property supplied by True Friends, and injuries resulting from Participant's own physical condition and skill level and Participant's own acts or omissions. I, on my own behalf and on behalf of the Participant, acknowledge that the Participant is assuming the risk of such illness or injury and agree to bear full responsibility and sole liability for any death, bodily injury, illness, or damage incurred by Participant, even if caused in whole or part by the acts, omissions, errors, or negligence of True Friends, its employees and representatives.

I UNDERSTAND THAT THIS IS A COMPLETE RELEASE OF ANY AND ALL POSSIBLE CLAIMS AGAINST TRUE FRIENDS AND THAT I EXPRESSLY RELEASE ANY CLAIMS RELATED TO ANY INJURIES I MAY SUFFER FROM THE NEGLIGENCE OF ANYONE IN CONNECTION WITH THE FACILITY OR ACTIVITIES.

I, on my own behalf and on behalf of Participant if a minor, hereby represent and warrant that I have read this General Liability Waiver in its entirety and fully understand its contents. I, on my own behalf and on behalf of Participant, have signed this General Liability Waiver voluntarily and of my own free will.

Print Name of Participant

Signature of Participant
(or Parent/ Guardian of Participant if a Minor)

Date