



Youth in grades 7-12 and adult drivers are invited to be part of STORM 2025, an overnight camp hosted at **Holy Trinity UMC in Prior Lake**. We do two things at STORM Camp: Work and Worship. During our time together, we'll gather for morning devotions and evening chapel, and spend the days serving through yardwork, painting, building, cleaning, and growing in relationships with those we're serving and those we're serving alongside.

Groups arrive at Holy Trinity on **Sunday, July 13** at 4pm
and depart on **Thursday, July 17** at 10am.

Cost: \$150/person; adult drivers are free

Send completed form and payment made to STORM Ministries to: Sami Tierney, 17805 Co Rd 6, Plymouth, MN 55447
All participants will need to complete an additional medical release form prior to camp.

Church you're registering with: _____

Participant Name: _____

Home Address: _____

City, State, Zip: _____

Parent/Guardian Phone: _____ Email: _____

Birthdate: _____ Grade completed as of June 2025: _____ Gender: _____

Have you been to STORM (any site) before?: Y N If so, how many times? _____

T-Shirt Size (choose one): S M L XL XXL XXXL

Special Considerations (dietary and otherwise): _____

Please read all the information and sign the liability and photo release below.

- **Campers must attend for the whole camp**, Sunday, July 13 at 4pm through Thursday, July 17 at 10am.
- **Cell Phones:** Students are not allowed cell phones during STORM Camp.
Adult drivers and STORM Staff will have phones for emergencies and student use as needed.
- **Other Important Info:**
There is a STORM dress code (t-shirts and long pants, close toed shoes)
There is **NO** smoking, alcohol or drug use at STORM
A Health form will be distributed at a later date and will need to be completed before July 13

Release of Liability – Minnesota United Methodist Conference and STORM Ministries

Each United Methodist Camp and Retreat Center in the Minnesota Annual Conference of the United Methodist Church offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities: These may include, but are not limited to, use of a ladder, supervised use of tools including power tools, exposure to dust, use of paint, outdoor yardwork, hauling of brush, and minor home repair. It is understood that proper safety precautions, instruction for use, and sensible interaction with these activities will be discussed and followed. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its participants and staff members, there are unavoidable risks of injury – or even death – associated with each unique camping experience and its related services and activities. Consequently, a properly executed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member.

Such a Release of Liability is set forth below. If you are a prospective participant or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated “Parent or Guardian of Minor Participant or Staff Member”. If you are a prospective participant or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated “Adult Participant or Staff Member.” You are encouraged to consult an attorney if you have any questions about the meaning of this document. If you have any questions about the services or activities provided at STORM Camp you should contact STORM Ministries (servingjesus.servingothers@gmail.com) or STORM Executive Directors Sami Tierney, 763-232-0653 and Catie Levenick 763-257-2800 or the Camp Minnesota Office at 1-855-622-1973.

By signing below, I (Print)

X _____ acknowledge and agree to the following:
(Parent/guardian of Participant or Staff under 18, OR Participant/ Staff 18 and older)

1. I have read and understand the risks summarized above and acknowledge that the activities in which I may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities or services are listed herein but are reasonably foreseeable;
2. I understand that my participation in camp activities and receipt of camp services is voluntary and I may decline to participate in any activity or service offered. I further understand that it is my obligation and responsibility to continually be aware of any conditions or circumstances that may be unsafe. If at any time I sense anything to be of danger or unsafe, I will immediately notify a camp official and, if necessary, immediately leave the area of risk and refrain from participating in the event which I feel may be unsafe;
3. I understand that in order to participate in certain offsite camp activities I may be transported in a licensed, insured vehicle privately owned by staff or STORM adult leader.
4. I understand that in the case of a medical need, not requiring onsite emergency medical treatment, I may be transported in a privately owned vehicle;
5. In consideration of attending STORM '23 in Prior Lake, as a participant or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Minnesota Annual Conference of the United Methodist Church and the United Methodist Camp(s) I attend, STORM Ministries, and/or Holy Trinity UMC, Prior Lake, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from my attendance at STORM as a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law;

6. In consideration of my child's or ward's attendance at STORM, a United Methodist Camp(s) as a participant or staff member, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the Camper Health History & Authorization Form attached hereto and release and hold the Minnesota Annual Conference of the United Methodist Church and the United Methodist Camp(s) my child or ward attends, and STORM Ministries, Holy Trinity UMC, Prior Lake, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from the child's or ward's attendance at STORM for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by laws, it being the intention of the parties for this release to be as broad and inclusive as allowed by law.

Printed Name of Participant or Staff Member:

X _____

If Participant or staff member is under age 18:

X _____
Signature of Custodial Parent/Guardian *Date*

- OR -

If participant is 18 or older:

X _____
Signature of Adult Participant or Staff Member *Date*

Media Release

United Methodist Camps and STORM personnel may at their discretion, elect to include photographs of persons and events at United Methodist Camps and STORM in printed materials, news releases, film presentations, authorized camp or conference websites and the like for the purpose of advancing the mission of the United Methodist Camp program. I hereby give permission for photo or visual image of the above named individual to be used for such purposes, without compensation or prior approval rights, at any time with the understanding that said individual will not be identified by name, without permission.

If Participant or staff member is under age 18:

X _____
Signature of Custodial Parent/Guardian *Date*

- OR -

If participant is 18 or older:

X _____
Signature of Adult Participant or Staff Member *Date*