



## **Lutheran Outdoor Ministries**

502 Beltrami Ave NW #3  
PO Box 1187  
Bernidji, MN 56619  
218-751-4208  
Fax 218-751-1453  
pathways@pathwaysbiblecamps.com

**Camp Emmaus  
218-564-4766**

**Lake of the Woods  
Bible Camp  
218-634-2200**

**Camp Minne-Wa-Kan  
218-335-6159**

Pathways is an  
Outdoor Ministry of the  
Evangelical Lutheran  
Church of America.

Greetings Houseboat Participant!

Thank you for checking out the paperwork for Pathways' Houseboat Adventure. If you have not yet registered, please be sure to contact Pathways before filling out any paperwork. If you have registered, simply follow the directions on this cover letter and let us know if you have any additional questions. Our goal is to make your group experience a positive, safe, and memorable one.

As you begin to get ready for your experience, please read the important information included in this packet. Enclosed you will find the following:

- 1) Program Description and Packing List
- 2) Pathways Assumption of Risk Form
- 3) Pathways Health History Form
- 4) Adventure Camp Covenant

No one can attend the program without completing and signing an assumption of risk form, a health form, and a covenant, including adults. All forms must be filled in completely and brought to Camp Emmaus on the first day of your program.

If you have any questions regarding your adventure, please contact Pathways by phone or email. Thank you for selecting Pathways for your summer camping program. Expect a phone call prior to your experience from Pathways staff member to help with special needs, concerns, or questions about your trip. In the meantime, if you have any questions or thoughts, please call. We will see you this summer!

Peace and blessings!

Pathways Staff  
218-751-4208



# HOUSEBOAT

**Greetings from the Pathways staff!** We are very excited for your Houseboat Adventure to Rainy Lake and we hope you are too! It will be a wonderful week spent in fellowship together in God's wilderness! We'll spend our week in a 55-foot houseboat, heading to various islands. We'll explore, take day trips, hang out with each other, fish, swim, catch some rays, have Bible study, participate in worship & have a great time with one another, growing closer to Christ!

**Our week together will start on Sunday at 2:00 p.m.** at Lake of the Woods Bible Camp. First, we'll have an orientation to let you know what you can expect during your week and camp and what is expected of you. We'll also take swim tests, review some basic safety & camping information, and do some initiatives. Monday morning, we'll head up to International Falls and Rainy Lake for our houseboat adventure! We are in for a blast!

During the week, we'll have time to fish, snorkel, sunbathe, take day trips with small fishing boats & much more! We'll also spend some time in devotion, meals, Bible study, and worships. **On Friday, we'll return and departure will be between 1:00-1:30 p.m.**

If you plan on fishing, you'll need to have a MN fishing license. These licenses can be purchased directly from the houseboat company when we arrive, if you already do not have one. Also, here are some important notes to consider as you prepare for our time together.



- Biodegradable products are required as we bathe in the lake when we are on the houseboat. Your shampoo and soap must say "biodegradable" on the label. Ivory soap and Herbal Essence shampoos are biodegradable and are recommended.
- We dock the houseboats and sleep on both the boat and tents on the islands. Accommodations will be determined upon arrival. Please be flexible!
- This is a **high adventure wilderness trip** & not all the comforts of home will be available on our journey. Please remember this and be ready to have a great time!

**Get ready for this amazing experience in God's creation!**



## DON'T FORGET TO PACK...



### HEALTH FORM & MEDICATIONS

A completed health form and all medications must be turned into the health aide during registration.



### SLEEPING BAG & PILLOW

You'll need these every night! You may also bring a sleeping pad if you have one.

### BIBLE & NOTE PAD

Bring your Bible and be ready to dig into it! A notebook is helpful for journaling.



### BUG SPRAY & SUNSCREEN

You'll need plenty of these two items to fend off mosquitoes & sun rays! The sun's rays double their effect when they bounce off the water!

### TOILETRIES

Deodorant, toothpaste & toothbrush, are all toiletries you'll need to bring for camp!



### ODDS & ENDS

Plan to bring: a flashlight, a camera, hat to protect your head, money for bait and snacks, fishing gear & reading material to make your camp experience more enjoyable!

### CLOTHING PACKING LIST & TIPS FOR OUR ADVENTURE

Clothing— Bring clothing that can layer rather than bringing a heavy jacket and a light one. Conditions on the lake can vary a lot, even in a 2-3 hour time period. Layering your clothing allows you to adjust as conditions change

- Long and short sleeve shirts
- Long pants and shorts
  - at least one pair of your pants should be synthetic type as jeans are hard to dry!
- Several pairs of socks
- Swimsuit(s)- we recommend at least two as you will spend a lot of time in these! Females, please bring at least one "one-piece" type, & please, no stringy two-piece swim-suits.
- Jacket and rain gear
  - rain gear doesn't have to be expensive, but it does need to be sturdy! Poncho types are difficult to move around in and dangerous in the event of a capsized. A full rain suit with pants and jacket is the best.
- Shoes (more than one pair!)
  - shoes must be worn at all times, even while boating! A canvas type of shoe is best as they dry out faster, but an old gym shoe will do. Strap on sandals are great!
- Towel. Bring one of these for drying off after a swim!

### \$\$ OR MN Fishing License!

If you plan on fishing during our trip on Rainy Lake, bring your MN Fishing License or money to cover one— we can buy them on our way! MN Resident license is \$18. Non-residents need \$25 for 7 days.

### THINGS TO LEAVE AT HOME

Please leave all electronic games, radios, CD players, cell phones, iPods, etc at home! Any of these items brought will be stored by camp staff for the week! It's easier if you don't bring them! Alcohol, tobacco in any form & other drugs are not allowed on the camp premises! Campers found possessing any of these will be dealt with by camp staff and will be subject to being sent home immediately!

**Pathways, Inc.**  
**Assumption of Risk, Medical Authorization, and Publicity Consent Form**

By signing this release form I agree to release and hold harmless Pathways Inc., its agents, employees, facilitators, and others, (hereby referred to as "Pathways, Inc.") for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in all facets of a Pathways, Inc. program, which may or may not include the Challenge Course program.

If I do voluntarily choose to participate in the program, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities. I understand that Pathways, Inc. has the right to deny participation if there are any safety concerns.

I assume full responsibility for myself for bodily injury, sickness, disease, death, loss, or damage, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the Challenge Course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as result of my voluntary decision to participate in the Pathways, Inc. program, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy. In the event of an emergency, I authorize the Pathways, Inc. staff to seek emergency medical treatment.

By signing below I authorize Pathways, Inc. to use any photos or video taken during the visit to Pathways, Inc. in publicity materials for Pathways, Inc.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Date of Program

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address of participant

# PATHWAYS, INC. YOUTH HEALTH HISTORY

**Please bring this form with you to first day of camp. Do not mail.**

Health information on this form is held confidential unless there is a medical emergency.

Name \_\_\_\_\_ Camp Attending/Program \_\_\_\_\_  
 Address \_\_\_\_\_ Week Attending \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Church \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_  
 Parent/Guardian(if under 18) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address (if different than above) \_\_\_\_\_  
 Emergency Contact (name and relationship) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 FULL NAME OF POLICY HOLDER \_\_\_\_\_  
 IF YOU DO NOT HAVE INSURANCE, LIST YOUR SS# \_\_\_\_\_  
 FAMILY DOCTOR \_\_\_\_\_ CLINIC/CITY \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

## HEALTH HISTORY

(If participant has had in the past, please give approximate date(s), If participant **HAS NOW**, please mark with a "N")

_____ ADD/ ADHD	_____ Asthma (We require you have your inhaler readily available.)	
_____ Anorexia/Bulimia	_____ Appendicitis	_____ Arthritis
_____ Constipation	_____ Convulsions	_____ Depression
_____ Diabetes	_____ Diarrhea	_____ Bed Wetting
_____ Ear Infections	_____ Fainting Spells	_____ Headaches
_____ Hepatitis	_____ Nervousness	_____ Pregnant
_____ Ulcers	_____ Sleep Walking	_____ Homesickness
_____ Sinus Trouble	_____ Measles	_____ German Measles
_____ Mumps	_____ Tonsillitis	_____ Chicken Pox
_____ Bronchitis	_____ Bleeding Disorders	_____ Hypertension
_____ Heart Defect/Disease	_____ Seizures (Please describe.)	_____ Cramps
_____ Mononucleosis	_____ Rheumatic Fever	Other: _____

### ALLERGIES

\_\_\_\_\_ Hay Fever                      \_\_\_\_\_ Insect Stings  
 \_\_\_\_\_ Poison Ivy                      \_\_\_\_\_ Penicillin  
 \_\_\_\_\_ Food Products                      \_\_\_\_\_ Other Drugs  
 Other: \_\_\_\_\_

### IMMUNIZATIONS

(give approximate dates)

\_\_\_\_\_ DPT Permanent Shots                      \_\_\_\_\_ Tuberculin  
 \_\_\_\_\_ Polio Immunization                      \_\_\_\_\_ MMR  
 \_\_\_\_\_ Tetanus Booster                      Other: \_\_\_\_\_

Other illness or needs that may affect participation \_\_\_\_\_

Surgeries or serious illnesses & dates \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Any restricted activities by physician \_\_\_\_\_

Swimming ability: \_\_\_\_\_ Non-Swimmer    \_\_\_\_\_ Beginner (avoids deep water)    \_\_\_\_\_ Intermediate

(Note: If swimming should be restricted, please note under "restricted activities" above.)

Other suggestions that may help make the participant's week more comfortable and enjoyable (fears, etc.) \_\_\_\_\_

### FEMALE:

Has this person menstruated?

\_\_\_ YES \_\_\_ NO

If not, has it been discussed?

\_\_\_ YES \_\_\_ NO

If so, is her menstrual history normal? \_\_\_ YES \_\_\_ NO

### MEDICATIONS

Does this person take medications on a regular basis? \_\_\_\_\_

If yes, please list **ALL** medications (prescription and non-prescription) taken routinely:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May acetaminophen/ibuprofen be administered if needed? \_\_\_ YES \_\_\_ NO

### People with the following medical conditions should consult a physician prior to attending the program.

1. If you have a **history of heart problems or high blood pressure**, you are at risk if you physically participate in this program. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate.
2. If you are **pregnant**, you and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact.
3. If you are **recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries**, you are risking re-injury if you participate physically in this program.
4. If you have **an enlarged organ, are a transplant recipient, or have Downs Syndrome**, you are risking injury to the weakened areas of your body.

# ADVENTURE CAMP COVENANT

I agree to be responsible for understanding and abiding by the following covenant as we live together as witnesses in a Christian community:

- 1) Be open to the Word of God.
- 2) Actively participate in all group activities and willingly share in responsibilities related to the trip.
- 3) Respect and follow all instructions given by the Pathways Staff and my Group Advisors.
- 4) Not possess or use any type of alcohol, drugs or tobacco.
- 5) Show respect for facilities, equipment, my fellow group members and the environment.
- 6) Relax, be safe, and have fun.

My signature signifies that I understand and will observe the covenant. I will keep others in check to follow through as well.

---

Participant Signature

---

Date