

Northwest Region Fall Unitreat

S.T.E.P. U.P.

November 8-10, 2025

Cispus Learning Center – Randle, WA

Fall Unitreat is a 3-day event where we connect with ourselves, friends, nature and Spirit. While growing through many experiences, including the Cispus Challenge Course.

MISSION: To assist in the spiritual growth of all people seeking to express their indwelling Christ with practical spiritual principles.

Eligibility age requirement to attend: Unitreat is open to all Uniteens ages 11-14. We encourage all Uniteen Sponsors to come with their group.

Medical/Liability Release Forms: Make 3 copies of each participant's signed forms.

Send (email) 1 copy to Heidi Nathe, 1 copy for your church and 1 copy is to be carried to and from all Uniteen activities.

Arrive between 1:00-2:00 p.m. on Saturday. **Depart** after lunch at 12:30 pm on Monday.

Money to share a love offering on Monday. No store exists on the grounds. Come supplied with personal items.

Housing is in dorms. You will be assigned to a room in the dorm with your family group. On arrival check in at the registration where you will meet your family leader and be taken to your assigned room.

How To Register

Please mail or email the following to:

Heidi Nathe, PO Box 1416, Milton, WA 98354 or hrnathe@gmail.com.

1. Medical/Liability Release form for each person completed
2. Heart Agreement form for each person signed
3. Dietary Needs and Photo Release
4. Cispus Learning Center Liability Release Form

How to Pay – Use one of the following methods. Please pay in one payment for your church

Pay electronically at unitynwregion.org

On the Donation page – Enter the dollar amount

Choose Uniteens in pull down

Choose credit card or ACH in pull down

Mail 1 check or money order payable to

Northwest Region of Association of Unity Churches, 7142 44th Ave NE, Olympia WA 98516

Electronic devices: During Unitreat phones will be collected at registration. Restrict use of iPods/MP3 players and phones, if needed for sleep at night with headphones AND with permission from adult family leader.

“Spirit Share” Bring your instruments, skits, props, costumes and imaginations. Keep this in mind while preparing your act. Lyrics to all songs are needed prior to performing.

Forms Three copies of the Medical/Liability Release Form are necessary. Keep one copy for your ministry/chapter. Carry one copy to and from Retreat. Send one copy with the registration. Registrations without these forms will not be accepted.

Bring:

1. Medical Release Form (your copy)	2. Sleeping bag or bedding and pillow
3. Towel/wash cloth	4. Personal care i.e., toothbrush, soap, shampoo, etc.
5. Clothing for all types of weather	6. Props for “Spirit Sharing”
7. Favorite music for campfire or dance	8. Labeled Medications
9. Love offering	10. Water Bottle , mosquito repellant, sun block

Clothing: Bring clothing for warm, cold and wet weather. It is November and rain is always a possibility. Bring extra tennis shoes with some grip, or light hiking boots. Long pants are required on the Challenge (Ropes) Course. Large belts buckles, watches, rings, earrings or anything that might scratch, jab or entangle someone, are not allowed on the Challenge Course. If you have long hair, bring hair ties.

Cost is \$250 - includes meals & lodging from Saturday dinner - Monday lunch.

Cancellation fee of \$125 will be retained to cover pre-Retreat expenses.

Churches please make 1 payment for all youth from your center: pay online or 1 check or money order payable to Northwest Region of the Association of Unity Churches.

For messages in an EMERGENCY, Text Heidi Nathe cell 253-318-2146. Texts will only be checked at mealtimes. Cispus Learning center call 360-497-7131. (No cell phone service).

RETREAT LOCATION:

Cispus Learning Center, 2142 Cispus Rd, Randle, WA 98377

From US-Hwy 12 in Randle, turn south on to WA-Hwy 131 at the intersection with the Shell gas station and Mt. Adams Family Restaurant

After the bridge, make a slight left at Y onto Cispus Road (Road 23)

After about 8 miles turn right onto Cispus Road (follow signs to Cispus Learning Center)

After the bridge, turn right onto Cispus Road (follow signs to Cispus Learning Center)

After about half a mile, turn right into Cispus Learning Center

UNITEEN & ADULT & MEDICAL/LIABILITY RELEASE

[Rev. 9/25]

FOR ACTIVITIES SPONSORED BY THE UNITY NORTHWEST REGION & LOCAL UNITY MINISTRY

Complete form in INK. Form can be kept on file until following August 31st and must be UPDATED if any information changes. One copy of the form is to be sent with registration to regional events, and one copy should be carried with participant to each event.

Name of Participant: _____ Birth Date: ____ / ____ / ____ Grade: _____

Unity Ministry: _____ Personal Email: _____

Name of Parent/guardian (if YOUer): _____ Relationship: _____

Address _____ City, State: _____ Zip: _____

Home Phone: _____ Other numbers to use: _____

Emergency Contact(s) Name: _____ Phone: _____

As legal guardian of the above-named participant, I give my permission for them to travel and participate in Youth of Unity activities. I am familiar with and approve of the mode of transportation, the leadership accompanying the group and the other circumstances of the trip.

I certify that the above-named participant is in good health and able to participate in all activities: ☐ YES ☐ NO If NO, specify limits of participation: _____

I certify that the participant's behavior allows for cooperative participation in various camp settings without disruption to others or compromising their safety or the safety of others: ☐ YES ☐ NO

The minor under health care guidance for: ☐ ADHD/ADD ☐ Allergy ☐ Asthma ☐ Counseling ☐ Diabetes ☐ Epilepsy ☐ None

Does this participant have special needs or circumstances that we should be aware of to make this retreat experience positive?

Does this participant have an IEP/504 Plan in place? ☐ YES ☐ NO If YES, please send a copy with the application so we can make sure we can meet your needs.

Allergic to any food or medication? ☐ YES ☐ NO If YES, specify: _____

Current Medication(s): _____

ALL MEDICATIONS will be held in confidence and dispensed by our Camp Wellness person.

PLEASE SEND ANY over the counter MEDICATION you want on hand for your child's weekend at camp. The Camp Wellness person will store and dispense. Unused Medications will be returned to your youth at the end of camp.

Family Physician (name & phone number): _____

Medical Insurance (company & policy number): _____

Phone No. to verify coverage or submit claim: _____ Policyholder's Name: _____

About Insurance Cards – It Could Be Important!

A hospital may require a Social Security number and/or insurance card as proof of insurance) before treatment or admittance. You should make sure the participant carries that information to events or provide that information here: SS# ____ - ____ - ____ or attach copies (front and back) of insurance card to this form.

As the above-named participant (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above named participant; and I understand and consent to all terms outlined in this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel understanding that some activities may pose a risk of injury. I will not hold liable the Ministry, or the Association of Unity Churches (Association) or the Northwest Region of the Association (Region), their employees, agents and event/youth group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which a state-licensed physician or surgeon deems advisable.

Signature of Adult Participant or Parent/Guardian of YOUer of any age: _____ Date: _____

***** SIGNATURE MUST BE WITNESSED BY MINISTRY STAFF OR TRUSTEE or notarized *****

Signature of Witness: _____ Print: _____ Date: _____

UNITREAT CAMP HEART AGREEMENTS - for Youth & Adults

RESPECT is an attitude of honoring oneself and others and caring about their rights. Behaving respectfully makes life more peaceful and orderly for everyone.

You are practicing **RESPECT** with these agreements:

- Treat each person the way you want to be treated. Honor and celebrate each other as the unique & perfect spiritual beings we are.
- Treat our gatherings with respect.
- Work out problems peacefully, using only appropriate words/language
- Listen when others are talking
- Have conversation and music when it is a part of our group functions.
- Arrive on time for all functions, ready to participate
- Honor the rules and boundaries of your family group and this camp. Ask a counselor for clarity.
- Food in the cabin will be shared with all in the cabin or the field mice when people are away!
- Be receptive to the wisdom of your elders
- Respect Camp Boundaries as described by camp counselors.
- Follow Cispus Learning Center rules as posted and spoken

Because we are here to have fun, to love, to learn, and grow together, all human beings need love & acceptance and each person deserves to be treated with dignity and respect; we will follow these agreements.

I have read the above and understand my parent(s) will be called and I may be asked to leave camp if I am unable to show respect for myself, the counselors and my peers.

UNITEEN _____ **DATE** _____

PARENT _____ **DATE** _____

MINISTER _____ **DATE** _____

DIETARY NEEDS

MEAL PREFERENCE

_____ No Diet Restrictions

_____ Dairy Free (Cispus has only soy as alternative, you may bring youth's choice)

_____ Vegetarian

_____ Gluten-Free

Other _____

ALLERGIES

Food source _____

Physical reaction: _____ Anaphylaxis _____ Upon ingestion _____ Airborne

Does youth have an Eli Pen or nasal unit? _____

PHOTO RELEASE

I _____, grant Unity, Unity World Wide Ministries, Northwest

Region of

Churches, and persons acting for or through them, the right to use, reproduce, assign, and or distribute photographs, film, sound recordings of

_____ for use in materials they may create.

Print name of minor here

Date _____

Signature _____

Parent or Guardians signature if under 18 years old

CISPUS LEARNING CENTER LIABILITY RELEASE FORM

For permission to participate in a Challenge Course Program at the Cispus Learning Center my heirs, assigns, or other successors in interest, do hereby release and forever discharge Cispus, its officers, agents, and employees from any and all liability, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cispus Programs, or while on the campus, including if such loss, injury, or damage is due to the negligence of Cispus and its employees.

Acknowledgement of Risk: I AM FULLY AWARE AND UNDERSTAND THAT A CHALLENGE COURSE PROGRAM AT Cispus Learning Center INVOLVES A DEGREE OF PHYSICAL ACTIVITY AND COMES WITH INHERENT RISKS OF INJURY TO PERSONS AND PROPERTY, regardless of safety precautions provided by Cispus to reduce such risks. A program at Cispus utilizes a variety of activities that often include warm-ups, games, group initiatives, low and higher course elements, climbing challenges, and other rigorous physical activities. The low and high courses themselves are a series of cables, ropes, obstacles, and/or wooden boards stretched between or attached to trees or other support systems, which provide different challenges for participants at varying heights. Many of these activities require the use of props such as logs, wooden boards, ropes and blocks. Risks of such activities can include, but are not limited to, muscle, bone, and joint injuries, animal bites or stings, difficulty breathing, fatigue, dizziness, cuts or abrasions, emotional injury, head injuries, neck injuries, spinal injuries, paralysis and/or death.

I VOLUNTARILY AGREE TO ENGAGE IN THESE ACTIVITIES BY ATTENDING THE PROGRAM. I understand that the degree and extent of my participation in each activity remains my choice and that it is my responsibility to inform Cispus staff members of any changes in my participation.

I VOLUNTARILY AND KNOWINGLY ASSUME ANY AND ALL INHERENT RISKS OF PARTICIPATION, both known and unknown. I assume full responsibility for my participation with full knowledge that the activities may be hazardous to my person and/or property. In the event that I observe any unusual or significant hazards during my time attending the program, I will immediately notify the nearest Cispus Learning Center Staff Member and remove myself from the situation.

Release from Liability: I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL COSTS ASSOCIATED WITH LOSS OR DAMAGE TO PROPERTY OR PERSONAL INJURY, INCLUDING DEATH that I may sustain as a result of participating in this program.

I VOLUNTARILY AGREE TO RELEASE Cispus Learning Center AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cispus Program, or while on the campus. Furthermore, in the event Cispus or Unitreat Leaders, or any of its officers, agents, or employees, are required to incur attorney's fees to enforce this agreement, I agree to indemnify Cispus and/or its employees for all such fees and costs.

Health and Insurance: I CERTIFY THAT I AM SUFFICIENTLY HEALTHY ENOUGH TO PARTICIPATE IN THE PROGRAM. I further certify that I have and will continue to inform Cispus and Unitreat Director of any changes in my health condition that could limit participation in activities or increase my risk of injury. In the event of injury, I hereby authorize Cispus and its employees to seek and/or provide reasonable medical attention for myself in accordance with Cispus Learning Center policies and procedures.

Parent or Legal Guardian Signature _____

Print Name of Signee _____

Print Campers Name (if less than 18 years old) _____