



# Ogallala Quilters' Society Winter Experience

January 29 – January 31, 2021

For information about  
Winter Experience call:  
Sherry Adkins  
806-632-2381

Location:  
Ceta Canyon Retreat Center  
37201 FM 1721  
Happy, TX 79042

## New for 2021 Vendor On-Site



Country Store Quilt Shop  
Lovington, NM  
Dee Ann Showers Kimbro

## Trunk Show



The Tucker Family of Lubbock, TX  
and Prosper, TX will be our featured  
trunk show quilters this year. You  
won't want to miss their collection.

## General Meeting

There will be a general  
meeting of the membership  
on Saturday at 11:30 a.m.

## What to Expect

The sewing room will open at  
10:00 a.m. on Friday, January  
29<sup>th</sup> with official activities  
starting at 5:00 p.m.  
Registration and projects will  
start after dinner. We can sew  
until 1:30 pm on Sunday, at  
which time we need to clean  
up and be gone at 2:00 pm.

The cost of \$200 will include  
your room with bed, linens,  
and meals from Friday evening  
through lunch on Sunday.  
There will be fun and visiting,  
project instructions, fellowship,  
and great scenery and  
memories for the making.

If you are not already an OQS  
member, there will be a \$20  
additional charge. If you  
cancel before January 15th,  
there will be a non-refundable  
fee of \$25. If you cancel after  
January 15th, there will be no  
refund.

## Retreat Schedule

### Friday, January 29th

- 10:00 a.m. – Begin  
Arriving  
(No lunch will be served  
on Friday. Feel free to  
bring your own sack  
lunch.)
- 5:00 p.m. – Official  
Activities Begin
- 6:00 p.m. – Dinner
- 7:00 p.m. – Class  
(Optional)

### Saturday, January 30th

- 8:00 a.m. – Breakfast
- 9:00 a.m. – Class  
(Optional)
- 11:30 - General  
Membership Meeting
- 12:30 - Lunch
- 6:00 p.m. – Dinner
- 7:00 p.m. – Trunk Show  
– Tucker Family

### Sunday, January 31st

- 8:00 a.m. – Breakfast
- 9:00 a.m. – Devotional  
(optional)
- Noon – Lunch (Please  
mark on your registration  
form if you are staying  
for lunch)
- 2:00 p.m. – Clean up  
and head home

**Ogallala Quilters' Society**  
**Ceta Canyon Retreat Registration Form**  
**January 29<sup>th</sup> – January 31<sup>st</sup>, 2021**  
**Cost: \$200.00**

*Please Print Clearly*

Full Name	
Address	
City, State Zip	
Phone Number	
Email address	

Please list names of 3 roommates (4 will be assigned to a room)	1.	
	2.	
	3.	

**Snacks! The most important part of Retreat!**  
*Please bring a snack to share throughout the weekend!*  
**If your last name begins with:**

A thru G – bring a non sweet snack

H thru Z – sweet snack

**Retreat Cost**

<input type="checkbox"/>	2021 Winter Experience – Ceta Canyon	\$200
<input type="checkbox"/>	Membership Fee only if you are not a current member. Membership 1/1/21-12/31/21	\$20
<b>Attending</b>	<b>Classes being offered at no cost</b>	
Yes No	Art 101 – drawing, shading, dimensions, etc. Teacher: Cinde Ebeling	
Yes No	Art – Inks on fabrics. Teacher: Jean Grimes	
	There may be a small charge for both classes to offset the cost of supplies.	

Please enter the **TOTAL AMOUNT** enclosed with this form.

Are you staying for Sunday Lunch Yes \_\_\_\_\_ No \_\_\_\_\_

**If you cancel before January 15th, there will be a non-refundable fee of \$25.**

**If you cancel after January 15th, there will be no refund.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this Registration Form and the Medical Release form along with your check to:**

Sherry Adkins, 3411 108<sup>th</sup> St., Lubbock, TX 79423

# Ogallala Quilters' Society

## Ceta Canyon Retreat Medical Release Form

We are aware of the Patient Privacy Act and understand if you choose not to disclose this information. However, we want to make sure you are taken care of correctly if the need arises. This form is filed and used for emergency purposes only.

I, \_\_\_\_\_ release Ceta Canyon and the Ogallala Quilters' Society of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and if it is needed for those purposes.

**In case of emergency:**

Please contact:

Phone:

Name of Family Physician:

Phone:

Preferred Hospital

Do you have any allergies or medical conditions we need to be aware of?

List any medications you might be taking at this time:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(*You signature is required*)

**Please mail this Registration Form and the Medical Release form  
along with your check to:**

**Sherry Adkins  
3411 108<sup>th</sup> Street  
Lubbock, TX 79423**

## **Ogallala Quilters' Society**

### **Directions to Ceta Canyon Retreat Center**

#### **From Amarillo (North)**

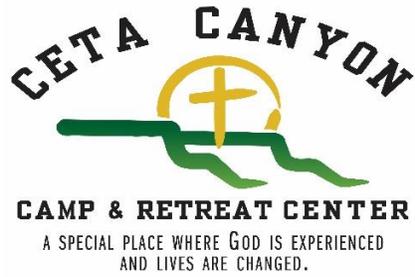
Take I-27 south to exit #94 toward Wayside. Go east (left) on FM 285 for 8 miles until you see signs for the camp. Go north 2.5 miles into the camp. (Office is across from the mailboxes)

#### **From Lubbock (South)**

Take I-27 north to exit #94 toward Wayside. Go east (right) on FM 285 for 8 miles until you see signs for the camp. Go north 2.5 miles into the camp. (Office is across from the mailboxes)

#### **From Vernon (East)**

From US-287 take US-86 west. Follow the signs to TX-207 and head North. Go west on FM 285 past Wayside until you see signs for the camp. Go north on FM 1721 2.5 miles into the camp. (Office is across from the mailboxes)



## Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID 19, has been declared a worldwide pandemic. COVID-19 is extremely contagious and is believed to be spread by person-to-person contact. As a result, federal, state and local governments and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of large groups of people.

**Ceta Canyon Camp and Retreat Center (“the Camp”)** has put in place preventative measures to reduce the spread of COVID-19; however, the Camp cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Camp could increase your risk and your child(ren)’s risk of contracting COVID-19

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Camp or participation in Camp programming. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Camp, its employees, Trustees, and the Northwest Texas Conference of the United Methodist Church, of and from the Claims, including all liabilities, claims, actions, damages, cost or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Camp, its employees, and the NWTX conference of the UMC, whether a COVID-19 infection occurs before, during, or after participation in any Camp program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Camp Participant(s)

# Pre-Camp Health Screening Form

Name: \_\_\_\_\_

Group Dates: \_\_\_\_\_



Dear Guests,

In an effort to minimize illness at camp, we request that you check on your health daily beginning 14 days prior to camp. We want everyone's experience to be a healthy one and this begins at home. Please bring this completed form to camp on the day of arrival and submit at check in.

Please indicate if you have had any of the following symptoms prior to camp. If any temperature or symptoms are present, please be evaluated by a licensed health provider and contact your church or group leader for further guidance.

## Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

*To be completed by parent/legal guardian if under 18.*

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp.  
*Initial* \_\_\_\_\_
2. No one in our household has been sick in the 14 days prior to camp.  
*Initial* \_\_\_\_\_
3. I have not traveled by air, ship or traveled out of the U.S. in the 14 days prior to camp.  
*Initial* \_\_\_\_\_
4. I have not exhibited a temperature greater than or equal to 100.0 degrees Fahrenheit.  
*Initial* \_\_\_\_\_

Signature below indicates this health screening was completed daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for myself, my family, and all persons at the camp. I understand that I will not be permitted to attend the camp if, within 14 days of arrival date, I have recorded a temperature of 100.0 degrees or higher, exhibited any health symptoms indicated above, or have been exposed to Covid-19 or increased risk thereof due to travel or exposure per the representations in this form.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*