

East Texas Baptist Encampment Liability Release Information Form

To be completed by Parent(s) /Legal Guardian for children under the age of 18 years or the participating adult.

I give permission for _____ self, child (circle one) to attend East Texas Baptist Encampment

I am the _____ participating adult or _____ parent or _____ legal guardian of the above named minor and have the right to give permission for my/their attendance and activities participation.

I understand that I am responsible for all medical cost incurred for treatment resulting from accident, injury, or illness for the above named person is at East Texas Baptist Encampment. In the event of an emergency requiring medical or surgical attention, I hereby give my permission to the Management or Medical Personnel of East Texas Baptist Encampment or the counselors, staff, or representatives from _____ Church(city) _____, to seek and authorize medical treatment due to sickness or accident while attending camp, or en route to or from the camp, for the above named person.

I, _____ release, acquit and forever discharge the Management, Trustees, Associations, Participating Churches, Medical Personnel of East Texas Baptist Encampment or the counselors, representatives, or staff of the above named church from all actions, claims, damages, liabilities, expenses, or ongoing expenses relating to bodily injury, serious illness, or death of the above named person.

I give permission for the above named person to participate in all spiritual activities which include teachings from the Holy Bible, and doctrine consistent with the Baptist Faith and Message adopted by the Southern Baptist Convention.

I give permission for the above named person to participate in all physical activities except those listed above.. Those activities may be but not restricted to: swimming, canoeing, hiking, running, walking, softball, soccer, football, slip n slides, other water activities, ropes challenge course, riflery, archery, sling shots, BB guns, go-carts, paintball, paddle boats, bumper boats, and other physical activities. Activities may include walking or running on uneven terrain. The ropes course may involve hazards of walking, running, climbing, swinging, rappelling, depending on other people, some use of climbing type safety gear, heights from ground level to approximately 50'.

I understand that East Texas Baptist Encampment does not provide security or counselor background checks. I understand that it is the responsibility of the above named church to provide security, check out procedures, and counselor background checks for those attending with the above named church.

I _____, as participant, or parent or legal guardian of _____, hereby state that I have read, I understand, and willing grant my permission for the above named child/self to attend and participate in the above listed activities, any other activities which might be scheduled for the event, and the use of pictures or likeness of the above named minor or myself for advertising and publications. I release and hold harmless, and will not sue, East Texas Baptist Encampment, and all participating parties.

The information I have given on this form is true and accurate.

Parent/Legal Guardian/ Participating Adult _____ Date _____
Signature

Print _____ Phone _____

Cell _____ Wk _____ email _____

Address _____ City _____ St. _____ Zip _____

Witness #1 _____ Date _____
Printed Name Signature

Witness #2 _____ Date _____
Printed Name Signature

Health and Registration Form

Please fill out completely before coming to camp.

Name _____ Sex _____
Last First Middle

Address _____
Street or Mailing Address City State Zip

Home Phone _____ Cell Phone _____ Date of Birth _____ Age _____

Parents' or Guardians' Names _____

Father's Work Phone _____ Mother's Work Phone _____

Church or Group you are with _____

Provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT"

General Health	Immunization	Dates	Allergies
Heart	Polio		Food
Asthma	Mumps		Insects
Lungs	Measles		Penicillin
Fainting	Rubella		Other
Eyes	DPT and/or TD		
Nosebleed			
Ears			
Skin Rash			
Throat			
Emotional			

Serious Illness _____ Date _____

Was the camper well when leaving for camp? _____ If not, explain; please be specific _____

Medications – Please list all medications the camper is taking _____

If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the **original container in a zip lock bag with the medication form** to the camp nurse.

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

Insurance Information:

Name of Insurance Company _____ Policy# _____

Address of Insurance Company _____ Group# _____

Named of Insured _____