Falls Creek 2017 **Student Release and Waiver of Claims Form (1 of 2)**

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Host Church: _____

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Student E-mail: _____ Grade This Fall: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does camper have any known allergies or is camper unable to take any medication? **Yes** **No** *(Please circle one.)* If yes, what? _____

2. Does camper presently take any medications regularly? **Yes** **No** *(Please circle one.)*

   If yes, what medications? _____ For what reason? _____

   _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named child has current medical insurance coverage through:

   Insurance Company: _____ Name on Insurance Policy: _____

   Insurance Company Phone Number: _____ Policy Number: _____

   Mailing Address for Medical Claims (see back of insurance card): _____

   City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

   If yes, Phone Number: (_____) _____

7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes** **No** *(Please circle one.)*

   If yes, name of parent: _____

Student Name: _____

Church: _____

Please continue to the back or adjoining page. All forms MUST be fully completed.

Parents:

Your child is required to abide by the Falls Creek dress code and code of conduct.

As a means of acknowledging and agreeing to this, their signature is required on the second page of this form.

Falls Creek 2017 **Student Release and Waiver of Claims Form (2 of 2)**

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending the Women's Retreat, 2017. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

• If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

•There are instances whenthird party contractors areused to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

• I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

• Furthermore, in consideration of my child being allowed to attend the Women's 2017 Retreat, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

•I understand that my child's image may be included in a video or in photographs that may be made during the retreat. I understand that a promotional or highlight video may be available for sale during and after the retreat. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child's belongings while at Falls Creek.

• I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their time at the retreat.

•I have received and read the Information about the Women's Retreat including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Code of Conduct and Dress Code, and I have reviewed the Code of Conduct and dress code with my child.

Parent Signature: _____ Relationship to child: _____ Date: _____

All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

I have read and agree to the Falls Creek Code of Conduct and Dress Code and will abide by them.

Student Signature: _____ Date: _____