



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

# Falls Creek 2020 Release and Waiver of Claims Form

Host Church: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Work Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

1. Do you have any known allergies or are you unable to take any medication? **Yes No** (Please circle one.) If yes, what? \_\_\_\_\_

2. Do you 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 adult 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? **Yes No** (Please circle one.) If yes, Phone Number: (\_\_\_\_) \_\_\_\_\_

7. Do you have a nursing infant you are bringing to Retreat? **Yes No** (Please circle one.) Infant Name: \_\_\_\_\_

**Note:** A \$5 fee for infants is required on the first day of retreat during registration.

**It is your responsibility to obtain insurance permission for treatment.**

I, \_\_\_\_\_ will be attending Falls Creek for the Women's Retreat, 2019. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that I 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 me 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 when third party contractors are used 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 participation in or observation of such recreational activity.

Furthermore, in consideration of being allowed to attend Falls Creek camp, I 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 may have against the Host Church, the BGCO, or their agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from 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 me.

I understand that my image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my 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 belongings while at Falls Creek.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Must be 18 years old or older to sign this form. Every adult attending Falls Creek must complete this Release Form and turn it in on the first day of retreat during registration.

Church: \_\_\_\_\_