

Falls Creek Youth Camp 2022 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: _____ Cabin: _____

Camper Name: _____ Date of Birth: _____ T-Shirt Size: _____

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: _____

Age by end of camp week: _____

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 Youth Camp dress code and code of conduct while at camp.

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

Falls Creek Youth Camp 2022 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 Falls Creek Youth Camp during the summer session, 2022. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that my child should need emergency medical care or attention, the Host Church leadership, Oklahoma Baptists 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 child's 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 Oklahoma Baptists 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 Oklahoma Baptists is responsible for the action of these third party contractors. I further agree that neither the Host Church nor Oklahoma Baptists 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 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 Falls Creek Youth Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Oklahoma Baptists, 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, Oklahoma Baptists, 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 Youth Camp, and (2) injuries arising from the decision of the leadership of the Host Church, Oklahoma Baptists, 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 camp. I understand that a promotional or highlight video may be available for sale during and after camp. 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, Oklahoma Baptists, and any of their staff or agents to inspect my child's belongings while at Falls Creek Youth Camp.
- I understand that Falls Creek Youth Camp 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 week of camp.
- I have received and read the Parent Information about Falls Creek Youth Camp 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 Youth Camp Code of Conduct and Dress Code, and I have discussed the Code of Conduct and dress code with my child.

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

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

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

Student Signature: _____ Date: _____

OBU & Oklahoma Baptists Information Form - The following portion of this document is to be removed from the above by Falls Creek Youth Camp and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

<input type="text"/>	<input type="text"/>	MALE	FEMALE	<input type="text"/>
Student's First Name	Student's Last Name	Please Circle One		Grade Just Completed
<input type="text"/>		<input type="text"/>		
Mailing Address		Date of Birth (mm/dd/yy)		
<input type="text"/>		<input type="text"/>	<input type="text"/>	
City	<input type="text"/>	State	Zip code	
<input type="text"/>	<input type="text"/>			
Phone Number (including area code)	Student's Email Address			

STUDENT MEDICAL RELEASE FORM

Student Ministry – Meadowood Baptist Church
June 18, 2022– June 18, 2023

Name _____ Birthday _____ Grade in the fall _____

Address _____ School _____

City/State/ZIP _____ Home Phone (_____) _____

Parents' Name _____ Parent's Work Phone (_____) _____
(or Guardians') (or Guardian's)

Emergency Contact _____ Phone # (_____) _____ Relationship _____

MEDICAL INFORMATION

Family Physician _____ Phone (_____) _____

Insurance Company _____ Policy # _____ Ins. Co. Phone (_____) _____

Please attach copy of Insurance Card - front & back, if possible.

Member's Name _____

Date of Last Tetanus Shot: _____ Allergies _____

Medications being taken currently _____

Physical Limitations or Special Conditions _____

MEDICAL AND SURGICAL WAIVER

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Meadowood Baptist Church staff, its representatives, sponsors, or any attending physician, to make such a decision necessary and proper under the circumstance. I, undersigned parent or legal guardian of above mentioned child, do release, acquit, discharge, indemnify and hold harmless Meadowood Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accidents and any financial responsibility for all medical treatment provided. I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Meadowood Baptist Church staff, its representatives, and adult sponsors and chaperones to search my child's personal belongings, including, but not limited to, all luggage, purses, and backpacks, if deemed necessary on rare occasions for security reasons.

Signature of Parent or Guardian

Sworn to and subscribed before me this
_____ Day _____

Date

NOTARY PUBLIC, State of Oklahoma