

# Falls Creek Youth Camp 2021 **Adult Release and Waiver of Claims Form**

Host Church: First Baptist Church Canton, TX Cabin: Ada Lodge

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: (\_\_\_\_) \_\_\_\_\_

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

I, \_\_\_\_\_ will be attending Falls Creek Youth Camp during the summer session, 2020. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that I 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 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 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 are 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 Youth Camp, I hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against the Host Church, Oklahoma Baptists, 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 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 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, Oklahoma Baptists, and any of their staff or agents to inspect my belongings while at Falls Creek Youth Camp.

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

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

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

**Adult Name:**

**Church:** First Baptist Church Canton, TX



Charter# \_\_\_\_\_

### COVID-19 WAIVER OF LIABILITY

**WAIVER of LIABILITY** -- The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and possibly by contact with contaminated surfaces and objects or in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Lone Star Coaches, Inc. cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Lone Star Coaches Inc's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Lone Star Coaches Inc's services and/or enter onto Lone Star Coaches Inc's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK** -- I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Lone Star Coaches Inc's services and enter Lone Star Coaches Inc's premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Lone Star Coaches, Inc's services and premises in person

**WAIVER OF LAWSUIT/LIABILITY.**-- I hereby forever release and waive my right to bring suit against Lone Star Coaches Inc and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Lone Star Coaches Inc's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**NOTE: Masks are mandatory and must be worn by all passengers at all times when entering, riding and exiting the motorcoach.**

**If passenger is under 18 years of age, this document must be completed by a parent or legal guardian.**

Printed Name of Passenger: \_\_\_\_\_

Signature of Passenger: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Charter # \_\_\_\_\_