

ADULT CAMPERS (18 years & Older)

20____ Falls Creek Baptist Indian Assembly Release Form

Full week registration fee: 18 yrs & older = \$55

Church Group _____ Cabin _____

Camper's Name _____ Age _____

Home Address _____ Phone _____

Tribe(s) _____ City _____ State _____ Zip _____

In Emergency Notify _____ Relationship _____

Home Phone _____ Work Phone _____

Secondary Emergency Contact _____ Phone _____

1. Do you have any known allergies or unable to take any medications? _____ Yes _____ No
If yes, list medication(s)? _____

2. Do you presently take any medications regularly? _____ Yes _____ No
If yes, please list the medication(s) and purpose. _____

(Use back of form if needed.)

3. List any other medical condition(s) that would be helpful to the medical staff. _____

4. Date of last tetanus immunization _____

The above named child has current medical insurance coverage through:

Insurance Company _____

Name on Insurance Policy _____

Insurance Company Phone Number _____ Policy No. _____

Does this insurance company require notification prior to emergency health care at a hospital? Yes / No

If yes, please provide the phone number. _____

It is the responsibility of your child's church sponsor to obtain this insurance permission for treatment.

I will be attending Falls Creek Indian Baptist Assembly during the summer session 2008. I understand that Falls Creek 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, BGCO and/or any one of its 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 professionals.

If such emergency care is provided to me, 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 BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred my behalf.

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, the BGCO is not responsible for the action of these third party contractors. The BGCO is also not liable for the actions of activities of participants or sponsors participating in events or activities operated by third party contractors.

Furthermore, in consideration of me being allowed to attend Falls Creek camp, I hereby waive any and all causes of action, rights, claims or suits which I may have against BGCO, its agents, contractors or employees as a result of injury to me arising from the decision of the BGCO or its agents or employees to consent for provision of emergency medical care to me.

I understand that my image may be included in a video and/or that photographs may be made during camp. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the BGCO staff or its agents to inspect my belongings while at Falls Creek for the safety of all Falls Creek participants.

I have received and reviewed the Falls Creek Indian Assembly Rules and Regulations concerning conduct and dress and I have received satisfactory answers to all my questions about such information.

Signature _____ Date _____

PRINT
NAME

(Last)

(First)

CHURCH:

*Please make copies of this form for every adult ages 18 years and older attending Indian Falls Creek.
All forms must be turned into the Registration Office the first day arriving at camp regardless of length of stay.*