



# Camper Reservation Form

Name	
Email	Sign-Up Code

## Contact Information

Birthday	Phone	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address	City	State	Zip
Emergency Contact 1	Relationship	Phone	
Emergency Contact 2	Relationship	Phone	
Insurance Co.	Policy Holder Name	Policy or Group #	

## Health Information

Check any medical condition that previously or currently applies.

Allergies* <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Bleeding/Clotting <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>
Asthma <input type="checkbox"/>	Depression <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Vision/Difficulties <input type="checkbox"/>
Seizures <input type="checkbox"/>	Heart Conditions <input type="checkbox"/>	Back/Joint Pain <input type="checkbox"/>	Surgery within the year <input type="checkbox"/>
<input type="checkbox"/> Dairy*	<input type="checkbox"/> Wheat*	<input type="checkbox"/> Nuts*	<input type="checkbox"/> Medicine*
<input type="checkbox"/> Plant*	<input type="checkbox"/> Animal*	<input type="checkbox"/> Insect*	<input type="checkbox"/> Other*

List all medications the camper is currently taking.

Prescription / Medication	Dosage	Medication Sent With Camper	Administration Time	Activity Restrictions / Guardian Notes
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
		<input type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	

## Immunizations Information

Add date administered to appropriate boxes (Month/Day/Year)

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4
Diphtheria/Tentanus/Pertussis (DTaP/DTP/DT/Td/Tdap)				
Polio				
Measles, Mumps, and Rubella (MMR)				
Hepatitis B				
Varicella				
Meningococcal				
Hepatitis A				

My child is up to date.  I choose not to vaccinate my children.

# Release, Waiver of Liability, And Indemnity Agreement



I, the person named below being above the age of eighteen (18), or the legal guardian of the named person who is under the age of eighteen (18), hereby acknowledge, agree, promise, and covenant with Burchfield Ministries International, Inc., Country Camp, Inc., and Discovery Camp ("BMI"), on behalf of myself, my heirs, assigns, personal representatives, and estate as follows:

I acknowledge that I, my minor child, or a minor child under my legal guardianship (individually and collectively referred to as Participants), intend to attend Discovery Camp, a BMI program (the Program). My initials and signature below indicate my understanding and acknowledgement of each provision of this agreement, as follows:

## Assumption of Risk



Participants assume all responsibility for Participants' own safety while participating in the Program. Participants understand that the Program may involve participation in activities which are physically demanding and could involve possible hazards, not all of which can be foreseen, including but not limited to property damage, injury, or death resulting from falling, sickness, inclement weather, cuts, abrasions, wounds, broken bones, injury from contact with other participants of the Program or sporting and athletic equipment, muscle strains or sprains, concussion, drowning, heart attack, or exposure to poisonous plants, insect bites, animals, and sun exposure. Participants further understand that participation in the Program is completely voluntary, and Participants assume the risk of any and all property damage, injuries, or death that may occur to Participants as a result of participation in the Program.

## Safety



Participants will wear required clothing and safety equipment, as appropriate to each activity of the Program, and bring and apply sunscreen and insect repellent as necessary. Participants will not leave the authorized areas at any time without permission and will follow all safety instructions and use caution to protect themselves, other participants, Discovery Camp personnel, and others. Participants agree to cooperate with leaders, fellow participants, and Discovery Camp personnel.

## Fitness to Participate in Program



Participants certify that except as noted specifically in the Discovery Camp Camper Reservation Form, they are completely physically, mentally, psychologically, and emotionally fit and healthy, and capable of participating in the Program and all activities. Participants are solely responsible for determining whether there is any reason they should not participate in the Program or any activities, including possible contact with any substances that may cause any allergic reactions.

## Lost or Stolen Items



Participants acknowledge and understand they are responsible for the security of their own belongings while participating in the Program and are advised not to carry valuable items with them for the duration of the Program, including but not limited to: large amounts of cash, credit cards, laptops, mobile phones, tablets, or other electronics, and family heirlooms or expensive jewelry. Participants acknowledge that Burchfield Ministries International, Inc., Country Camp, Inc., and Discovery Camp are not responsible for securing Participants' belongings.

## Medical Treatment



Participants consent to receive emergency medical treatment in the event of illness or injury and release and forever discharge Discovery Camp from any liability or claim whatsoever which arises or may later arise on account of any medical services rendered in connection with an emergency during Participants' participation in the Program.

## Photo and Media Release



Participants grant to Discovery Camp all right, title, and interest in any and all photographs, images, video, or audio recordings of Participants or Participants' likeness or voice made by Discovery Camp in connection with the Program. Participants understand and agree that they will not receive compensation for any use of such material. Participants expressly agree that Discovery Camp shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display, or otherwise use or reuse the Participants' image and/or likeness in connection with any product or service in all markets, media, or technology, including in promotional and advertising material for the Program.

# Release, Waiver of Liability, And Indemnity Agreement



## Waiver and Release



Participants release and forever discharge and hold harmless Burchfield Ministries International, Inc., Country Camp, Inc., Discovery Camp, and each of their directors, officers, employees, agents, related entities, and representatives (collectively, "Discovery Camp") from any and all liability, claims, and demands of any kind or nature, either in law or in equity, which arise now or in the future in connection with Participants' participation in the Program. Participants understand and agree that this Release discharges Discovery Camp from any liability or claim that Participants may have against Discovery Camp with respect to bodily injury, personal injury, illness, death, or property damage that may result from Participants' participation in the Program. Participants expressly waive any right to a trial by judge or jury that Participants may otherwise have with regard to any claim or liability related to Participants' participation in the Program.

## Broad Release Intended



Participants expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Participants further agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

## Indemnity



In consideration of and for the right to participate in the Program, Participants expressly agree to indemnify and hold harmless Discovery Camp from any and all claims, liability, actions, causes of action, debts, claims and demands of any kind or nature, either in law or in equity, which arise now or in the future in connection with Participants' participation in the Program, including but not limited to bodily injury, personal injury, illness, death, or property damage that may result from Participants' participation in the Program.

## ACKNOWLEDGEMENT READ CAREFULLY BEFORE SIGNING

By my signature below, I acknowledge that I have read this release, waiver of liability, and indemnity in its entirety and, in consideration for the right of myself and my minor child or a minor child under my legal guardianship to participate in the Program, I in good faith make the releases and waivers, assume the responsibilities, and agree to indemnify BMI as described herein. I acknowledge that I have had an opportunity to ask questions and consult with an attorney of my choosing, and that I freely agree to the terms expressed in return for participation in the Program.



PROGRAM PARTICIPANT (CAMPER'S PRINTED NAME)

INDIVIDUAL / PARENT / GUARDIAN (SIGNATURE)

INDIVIDUAL / PARENT / GUARDIAN (PRINTED NAME)

DATE