



Fall Back Weekend 2025

October 17th-18th, 2025

COST: \$40

Registration & Information Packet

WHAT IS FALL BACK WEEKEND?

Fall Back Weekend is a 24-hour retreat that takes place at Falls Creek Conference Centers in Davis, Oklahoma. Exchange Avenue Baptist Church is excited to take our student ministry to be a part of this event this year. We will be staying in the OKC, Exchange Avenue cabin, and will enjoy engaging musical worship, exciting teaching of God's Word, in-cabin group worship time, recreation opportunities, and a wonderful time of being refreshed in the God's Word in the midst of a long school-year!

WHO IS FALL BACK WEEKEND FOR?

Fall Back Weekend is for any students who are currently in Grades 6-12.

WHEN DO WE LEAVE?

We will be leaving Exchange Avenue Baptist Church on **Friday, October 17th. Students need to arrive at Exchange no later than 1:30pm.** Students are encouraged to eat lunch prior to arriving at the church as lunch on Friday is not provided.

WHEN DO WE RETURN?

We will be returning to Exchange Avenue Baptist Church at **approximately 6:00pm on Saturday, October 18th.** *(NOTE: As of now, we are not planning to provide dinner on Saturday, October 18th. However, if the schedule runs long, this could change)*

WHAT DO I NEED TO BRING TO FALL BACK WEEKEND?

- Clothes for two days
- Clothes for outdoor activities/recreation
- Check the weather forecast before you leave to know how to dress!
- Close-toed shoes
- Bedding (Sleeping bag, sheets, blankets - you'll be sleeping on a bunk-bed mattress)
- Bible
- Notebook
- Pen
- Toiletries (shampoo, soap, toothbrush, toothpaste, etc.)

WHAT SHOULD I NOT BRING TO FALL BACK WEEKEND?

- Video game systems
- Drugs, alcohol, tobacco products, vapes, etc.
- Pornographic material
- Fireworks, firearms, or any other items of the like
- If you are found in possession of any of these items, you will be sent home immediately.

HOW DO I REGISTER FOR FALL BACK WEEKEND?

You will be registered for Fall Back Weekend by completing the registration form attached to this document. The cost for Fall Back Weekend is \$40. You may pay up to the day we leave. If you need help financially to attend, please contact Preston. Registration deadline is Sunday, October 12th. *(NOTE: If you are 18 years of age or older, or will be by the time of Fall Back Weekend, you will be required to fill out a background check form if we do not already have one on file for you)*

TENTATIVE FALL BACK WEEKEND SCHEDULE

FRIDAY, OCTOBER 17TH

- 1:30PM Leave Exchange
- 3:30PM Arrive at Falls Creek
- 5:30PM Dinner at Cabin
- 7:15PM Tabernacle Doors Open
- 7:30PM Main Session One**
- 9:00PM Late Night Free-Time Activities
- 10:45PM Late Night @ the Cabin

SATURDAY, OCTOBER 18TH

- 8:30AM Breakfast at Cabin
- 9:00AM Morning @ the Cabin
- 9:45AM Tabernacle Doors Open
- 10:00AM Main Session Two**
- 12:00PM Lunch at Cabin
- 3:15PM Tabernacle Doors Open
- 3:30PM Main Session Three**
- 4:30PM Leave Falls Creek
- 6:00PM Return to Exchange

OTHER NOTES

The schedule is subject to change. The \$40 cost covers retreat registration fees, all meals while gone, and transportation. Please be mindful of our registration deadline: Sunday, October 12th. Students will be staying overnight in gender-specific dorms, and will be supervised by background-checked and properly vetted volunteers.

If you have any questions about Fall Back Weekend or have any concerns, please contact Preston Morris, Student & Worship Pastor at (405) 922-7976. Preston will be the go-to contact while if you have any questions or concerns while the event is taking place as well.

Falls Creek Conference Centers 2025 Adult Release and Waiver of Claims Form

Group: _____ Cabin: _____
Name: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
In Emergency Notify: _____ Relationship: _____
Home Phone: _____ Cell or Work Phone: _____
E-mail: _____ College Attending This Fall (if applicable): _____
Secondary Emergency Contact: _____ Phone: _____

1. Do you have any known allergies or are you unable to take any medication?
____ Yes ____ No
If yes, what? _____
2. Do you presently take any medications regularly? ____ Yes ____ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know about: _____

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: _____
6. Does your insurance company require notification prior to emergency health care at a hospital?
If yes, Phone Number: _____

It is your responsibility to obtain insurance permission for treatment.

I, _____ will be coming to Falls Creek Conference Centers. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that I should need emergency medical care or attention, the BGCO or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a physician, nurse, 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 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 the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

Fall Back Weekend 2025

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 and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend Falls Creek Conference Centers, I hereby waive any and all causes of action, rights, claims or suits which I may have against the BGCO, its 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 Conference Centers, and (2) injuries arising from the decision of the BGCO or its 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 at Falls Creek Conference Centers. I understand that a promotional or highlight video may be available for sale from Falls Creek Conference Centers. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the BGCO, its employees or its agents to inspect my belongings while at BGCO Conference Centers.

Signature: _____ Date: _____

Must be 18 years old or older to sign this form. Please make a copy of this form for all adults attending Falls Creek Conference Centers. Every adult attending Falls Creek Conference Centers must fill out this Release Form and turn it in on the first day at registration.

Falls Creek Conference Centers 2025 Child Release and Waiver of Claims Form

Group: _____ Cabin: _____
Participant Name: _____ Age: _____ Grade this fall: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Student E-mail: _____
In Emergency Notify: _____ Relationship: _____
Home Phone: _____ Cell or Work Phone: _____
Secondary Emergency Contact: _____ Phone: _____

1. Does participant have any known allergies or are they unable to take any medication? ____ Yes ____ No
If yes, what? _____
2. Does participant presently take any medications regularly? ____ Yes ____ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know about: _____

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: _____
6. Does your insurance company require notification prior to emergency health care at a hospital?
If yes, Phone Number: _____

It is the responsibility of your child's group leadership to obtain insurance permission for treatment or to limit your child's recreational activities because of a stated medical condition.

My child, _____ will be coming to Falls Creek Conference Centers. Falls Creek Conference Centers is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). I will not be coming to BGCO Conference Centers with my child. In the event that my child should need emergency medical care or attention, the BGCO 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 my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, 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 child's insurance shall be my responsibility. I understand

that the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

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 the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO is also not 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 child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend BGCO Conference Centers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the BGCO, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the BGCO, its 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 BGCO Conference Centers, and (2) injuries arising from the decision of the BGCO or its 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 at Falls Creek Conference Centers. I understand that a promotional or highlight video may be available for sale from Falls Creek Conference Centers. 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 BGCO, its staff or its agents to inspect my child's belongings while at Falls Creek Conference Centers.

I understand that Falls Creek Conference Centers 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 time at Falls Creek Conference Centers.

I have received and read the Parent Information about Falls Creek Conference Centers including the list of the recreational options and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All students attending Falls Creek Conference Centers must have a parent fill out this release form and turn in this release form on the first day at registration.