



CAMP BENTLEY ADULT REGISTRATION AND HEALTH FORM

2026

Name: _____ Camp Attending: _____

First Time Attending _____ Roommate Request: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Church: _____

Nearest Friend or Relative: _____ Phone: _____ Cell: _____

Food Allergies: _____

Additional Information: _____

Camp Bentley Adult Camp Permission Form

Agreement 1: I give my permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Camp Bentley from liability in acting on my behalf in this regard so long as Camp Bentley is not grossly negligent. I give permission for off-site activities. I understand my insurance has primary responsibility and Camp Bentley's insurance is secondary in paying any claims.

Adult Camper Signature and Date, Agreement 1

Agreement 2: I hereby grant Camp Bentley permission to use my likeness in photographs in any and all of Camp Bentley's promotions and publications, without payment or any other consideration.

Adult Camper Signature and Date, Agreement 2

Payment ___ check ___ cash ___ scholarship