

**CAMP REGISTRATION  
JUDSON BAPTIST RETREAT CENTER  
10330 Peterson Road  
St. Francisville, LA 70775  
(225)634-7225 (voice mail) (225)634-7228 fax**

This form is designed to be reproduced by the church (one copy per camper registering ). It is to be filled out by the parent or legal guardian (and the camper) for each camper under 18 years of age who will be using the Retreat Center facilities and Horse Program. Insurance regulations require this completed form to be brought to the Retreat Center at the time of the retreat, camp, etc.

GROUP: \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

I promise to obey the rules and regulations of the Judson Baptist Retreat Center and cooperate with the leaders and fellow campers.

Camper's Signature: \_\_\_\_\_

In consideration for your agreeing to accept the above named individual as a camper I hereby give my consent to medical and surgical treatment as may be needed in the judgment of the attending physician. I also authorize the camp personnel to transport my child at the Camp Managers discretion in case of an emergency.

Parent's Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Another person to notify in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following is a brief outline of the Retreat Center's insurance coverage. Limitations, exceptions or further detailed information and policy can be obtained by contacting the Retreat Center.

**MAXIMUM BENEFIT PER PERSON**

SPECIFIC			ACCIDENTAL		
INJURY	SICKNESS	DISEASE	DENTAL	DEATH	DISMEMBERMENT
\$3,500	\$800	\$2,500	\$300	\$3,000	Up to \$10,000

**PLEASE LIST** below any and all information that would be helpful to a physician before treating your child (allergies to drugs, present medication being taken, medical problems, etc.):

**ACKNOWLEDGEMENT AND HOLD HARMLESS**

I understand that ponies, mules, donkeys and other equine behave in ways that may result in injury, harm, or death to persons around them. I have read, and I understand, the "Warning" set forth below.

I acknowledge that I have voluntarily assumed all risks of injury, harm, or death associated with Horseback riding and other equine activities at Judson Baptist Retreat Center.

I agree to hold harmless Judson Baptist Retreat Center, and its employees, officers, representatives and insurer from all damages, losses, expenses and costs resulting from any injury, harm or death associated with my participation in horseback riding or equine activities.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(signature of participant in equine activities)

\_\_\_\_\_  
(Parent signature if under 18 years of age)

**"WARNING"**

**Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from inherent risks of equine activities, pursuant to R.S.9:2795.1**