

2021 INFORMATION/PARENTAL CONSENT/MEDICAL TREATMENT FORM

**First Baptist Church, 404 W 5th St. Friona, Texas 79035
www.fbcfriona.com. phone 806-250-3933, fax 806-250-5532**

Date: _____

Minor's Name: _____ Age: _____ Birthdate: _____

Parent(s) or guardians: _____

Full Address (city, state, zip): _____

Home Phone: _____ Other phone #'s: _____

Emergency contact info (other than the parents/guardians): _____

I, the undersigned parent or guardian does hereby give permission for _____, a minor, to travel with the **First Baptist Church** to events that the church sponsors. We understand the potential dangers related to travel, and because we are voluntarily permitting our child to participate, we will not hold **First Baptist Church** or any of its members, or the trip's adult sponsors liable in the event of any accident or injury.

I do hereby authorize adult workers with the ministry of **First Baptist Church** to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a the said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization

Insurance Company _____ Policy Number _____

Name of Family Physician _____ Phone _____

Allergies (food or other)/current medications/ health issues _____

By signing below, I confirm the information above and agree to the said procedures:

→ *Signature (of parent or guardian if a minor):* _____



Medical Form

Group/Church: _____ Dates at Camp: _____ / _____

Name: _____

Phone Number: _____ Address: _____

Date of Birth: _____ / _____ / _____ Age: _____

Male: _____ Female: _____ T-Shirt Size: _____

Parent/Guardian(s): _____

Parent/Guardian(s) Phone#s: () _____ ; () _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information

Medical Limitations/Allergies (including allergies to medicines): (use the back of page if needed)

Current Medications with dosage and time to be taken: **All Medications Must be in Original Containers**

Required vaccinations are up to date Yes: _____ No: _____

Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

I authorize medical treatment as needed for this camper/child. It is understood that this authorization is given in advance of any specific diagnosis or treatment. I hereby waive all claims against and hold harmless the High Plains Retreat Center and its staff/leaders from any liability for any injuries received by this camper while at HPRC and/or participating in HPRC activities or programs. The camper listed has permission to participate in all activities including transportation and water activities, unless otherwise expressed in writing to the group leader and the HPRC staff.. I understand that campers who do not cooperate with leaders or abide by camp rules may be asked to leave. Parents will be responsible for transportation and transportation costs if the camper is sent home.

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

If the camper has food allergies, we are happy to help with either a special menu or heating and serving special food that is sent with the camper to camp. Please contact your group's sponsor and the camp staff prior to camp dates to discuss alternate food options.
email - hprcdirector@gmail.com; phone 806-499-3429

PARTICIPANT AGREEMENT & ASSUMPTION OF RISKS AND VOLUNTARY RELEASE AND INDEMNITY

Participant's Name (please print): _____ Date _____

Date of Birth: ____/____/____ If minor, Age: _____

For and in consideration of my being allowed to participate in this program, I agree as follows:

ASSUMPTION OF RISKS

Programs & activities at High Plains Retreat Center involve a variety of activities including warm ups, discussion/debriefing, games, group initiatives (physically and cognitive), zip line and 2-person giant swing elements and other potentially rigorous physical/emotional activities. The inherent risks and other risks of this program may include falls, heat stroke, hypothermia, anxiety and other fear responses, elevated heart rates, collisions with objects or other people, unsafe acts by other participants, acts of nature related to being in outdoor venues, and other risks that may or may not be noted by participants and staff. Safety is an important priority in the facilitation and management of all levels of programming, however, even with the adherence to recognized risk management practices in adventure programming, accidents do occur. Participation in all of these activities and elements may result in injury, fatigue, psychological stress, or even death, not totally unlike other physically and emotionally demanding activities of various natures. The level of participation in our program is entirely voluntary and under individual choice at all times and for ALL aspects of the program or training. As with any program of this nature, there is a risk that must be assumed by each participant in the event that she/he may experience any emotional or physical injury or death. I recognize that there is a significant element of risk in any adventure sport or activity associated with the outdoors. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities.

VOLUNTARY RELEASE OF LIABILITY AND INDEMNITY

By signing this release form, I agree to release and hold harmless, High Plains Retreat Center or HPRC, its agents, assistants, employees, and officers, and directors (the "release parties") for any damage or injuries, physical or mental, including those caused in whole or in part by the negligence of any released party, which I might incur as a result of my voluntary decision to participate in HPRC programs or activities.

Participant Agreement including Assumption of Risks and Voluntary Release & Indemnity I further agree to indemnify the release parties and each of them from any claim brought by a third party, including a co-participant, for any injury or loss suffered by that person caused in whole or part by my conduct. This release is binding on my heirs and estate. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form, and by signing in the space provided, do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety. I have been informed of the full nature of this program and its inherent risks and fully understand the nature of the program.

[] I certify approval and represent that I/my child can participate in the physical requirements of challenge and recreational activities which involve potential injury and assume such risks. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities. I understand that participation in this program is by choice and that I/my child may exercise the option to NOT participate in any aspect of these programs. I grant permission for Retreat Center personnel or event leadership to authorize any emergency medical care, operations and/or anesthesia which might become necessary.

Participant Signature or Signature of Parent/Guardian if under 18

Date

Address

Home Phone

City, State, Zip

Work Phone

PHOTO AND MEDIA RELEASE

I grant High Plains Retreat Center and persons acting for or through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of myself for use in marketing or educational materials they may create.

If you wish not to grant the photo/media release, please attach a separate piece of paper stating the name of the individual or individuals declining.