

Name of Church you are representing _____	T-shirt Size _____
Name of Camp Session attending _____ Date of Camp _____	

Adult / Leader / Sponsor (Must be 18 yrs. or older)
Registration Agreement & Medical Release Form for Latham Springs Camp & Retreat Center

Name _____ First Middle Last (Maiden)	Phone # _____	Email Address _____
Address _____	City/State _____	Zip _____
Birth Date _____	Sponsor Age _____	Driver's License # _____
Emergency Contact _____	Relation _____	Phone _____
Family Physician's Name _____	Work phone _____	Cell _____
Insurance Provider _____	Policy # _____	ID# _____

Medical conditions and Health History: List any recent illness, injuries and/or hospitalizations relevant to physician in case of an emergency (use back if necessary)

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions on my behalf (if necessary) and I understand that my insurance coverage will be Primary Coverage.

***ALL MEDICATIONS**, whether prescription or over-the-counter, **MUST** be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and **MUST** be given to the Camp Nurse during Registration

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed

No medications may be kept in the cabins except with permission from the Camp Health Officer at registration. No medications may be given to ANY child except by the Camp Health Officer. This includes OTC, RX, and essential oils. No essential oil diffusers may be used in cabins due to allergies.

(Initials)

AUTHORIZATION FOR BACKGROUND CHECK

In consideration of the receipt and evaluation of this form by Texas Baptist Men, Inc. located at 5351 Catron Dr., Dallas, TX 75227, I hereby give my permission to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility to serve at Latham Springs. I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I agree to be bound by the Constitution and policies of Latham Springs Camp & Retreat Center and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. The basic criteria which have been established by the State of Texas for conducting youth camps is met or exceeded by Latham Springs Group Leader Handbook requirements and I agree to read thoroughly and adhere to all guidelines therein.

RISK RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

REPRODUCED IMAGES

I authorize and release the use of Applicant's image to be reproduced in any form including, but not limited to, newspapers, photographs, magazines, and internet websites, to CAMP for any purpose of CAMP.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Adult Participant (**Please Print**)

Date _____
SIGNATURE of Adult Participant



TBM Participant Release & Assumption of Risk

In consideration for Texas Baptist Men, Inc. (“TBM”), a Texas nonprofit corporation, Campout and Missions Mania, and Latham Springs allowing me to volunteer for and participate in the *Texas Baptist Men*-sanctioned activity(ies) or event(s) (referred to as “TBM Activities”), I, the undersigned individual, hereby AGREE and ACCEPT the following terms and conditions relating to my volunteer service, participation, or activity:

I hereby represent and acknowledge that I, on a volunteer and/or participant basis, am entering a venture with others; I am at least 18 years of age or have my legal guardian sign this form; I agree to pay for my own expenses associated with my service and TBM Activities, including insurance, all for the purpose of experiencing life together for the glory of God and to demonstrate my faith in Christ.

I fully understand that the work and the TBM Activities may be hazardous and arduous and I am a willing participant in the TBM Activity. I am fully aware of possible injuries to those involved in TBM Activities, including myself.

I fully understand that I may be exposed to the COVID-19 virus during my volunteer service or participation associated with the TBM Activities. I understand that, if I am unwilling to assume the risk of exposure to COVID-19, have any underlying health condition that may weaken my immune system, that I will NOT participate in the TBM Activities. I further AGREE that if I have been diagnosed with COVID-19 or have been in close contact with someone who has been diagnosed with COVID-19, I will not participate in the TBM Activities. I will immediately notify my supervisor or Activity leader if I, or a member of my household, experience any symptoms associated with COVID-19. **I represent that I freely accept and fully assume the risk of exposure to COVID-19, and any resulting illness, injury, or even death by participating in the TBM Activities.**

I represent that I am in good health and in proper physical condition to participate in the TBM Activities. I agree that I am responsible for determining whether I am sufficiently fit and healthy enough to participate in the TBM Activities, and that I will take due regard and responsible for my safety and well-being during my volunteer service or participation in TBM Activities.

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY RELEASE AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, TEXAS BAPTIST MEN, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND VOLUNTEERS (COLLECTIVELY, “RELEASED PARTIES”) FROM OR AGAINST ANY AND ALL LIABILITY, CLAIM, DEMAND, INJURY (INCLUDING DEATH), DAMAGES OF ANY KIND, AND EXPENSE (INCLUDING COSTS AND REASONABLE ATTORNEYS’ FEES) (COLLECTIVELY, “LOSS”), INCLUDING ANY LOSS SUSTAINED AS A RESULT OF THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES OR ANY INJURY RELATING TO THE COVID-19 VIRUS, THAT RELATES TO OR ARISES FROM MY: (I) PARTICIPATION IN THE TBM ACTIVITIES, (II) TRAVEL TO, FROM OR DURING THE TBM ACTIVITIES, OR (III) PRESENCE ON THE PREMISES OWNED, LICENSED, OR LEASED BY ANY OF THE RELEASED PARTIES FOR THE TBM ACTIVITIES. HOWEVER, I UNDERSTAND THAT THIS RELEASE AND WAIVER DOES NOT APPLY TO ANY LOSS CAUSED BY INTENTIONAL OR THE GROSS NEGLIGENCE OF THE RELEASED PARTIES.

I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH), DAMAGES OF ANY KIND, AND EXPENSES (INCLUDING COURT COSTS AND REASONABLE ATTORNEYS’ FEES) THAT ANY RELEASED PARTY MAY INCUR AS A RESULT OF MY NEGLIGENCE OR INTENTIONAL ACTS IN RELATION TO THE TBM ACTIVITIES.

I agree: (a) If any provision of this Agreement is held to be unenforceable, then that provision will be modified to the minimum extent necessary to make it enforceable, unless that modification is not permitted by law, in which case that provision will be disregarded; (b) If an unenforceable provision is modified or disregarded according to this paragraph, then the rest of the Agreement will remain in effect as written; and (c) Any unenforceable provision will remain as written in any circumstances other than those in which the provision is held to be unenforceable.

I agree that this Agreement contains the entire agreement relating to the subject matter indicated. I had ample opportunity to read this Agreement, and I understand and hereby accept the terms and conditions of this Agreement. I hereby acknowledge that this document is signed freely and voluntarily, and that this Agreement is intended to bind me and, to the fullest extent permitted by law, my heirs, next of kin, successors, assigns, representatives, and administrators. The laws of the state of Texas, without giving effect to its principles of conflicts of law, govern this Agreement.

Participant/Parent/Guardian’s Name: (Print) _____ **Date:** _____

Participant/Parent/Guardian’s Signature: _____