



Campout & Mission Mania Medical Release Form

Participant's Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email:** _____

My signature below will authorize any emergency medical or surgical treatment, as needed by a physician chosen by the leader or another adult in charge. I understand that my health insurance will provide primary coverage in the event medical treatment or intervention is needed. I understand that reasonable safety precautions will be taken by Texas Baptist Men and its volunteer leaders. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during this activity. I agree not to hold Texas Baptist Men, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of participating in this activity. Photos and video clips taken at the Campout & Mission Mania event may be used by Texas Baptist Men for promotional purposes or may appear on the TBM Website or social media.

List any health concerns: (allergies, diabetes, heart problems, etc.)

List any medications currently being taken: _____

Primary Care Physician: _____

Physician Phone: (____) _____ Other Contact: _____

Medical Insurance Information:

Insurance Company or Plan: _____

Policy Number: _____ Phone (____) _____

In Case of Emergency, Please Contact:

Name: _____ Phone: (____) _____

As an Ambassador for Christ, I will do my best to participate with others at the Campout & Mission Mania event, and I will follow the instructions of the leadership during this event.

_____ Date: _____

(Participant's Signature)

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for minor participants

I hereby give my permission for my child to accompany _____ (leader's name) and participate in the activities at the Campout & Mission Mania event.

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

Parent/Guardian's Signature: _____



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: _____



Latham Springs Pre-Camp Health Screening

Dear Guest and families,

In an effort to minimize illness at camp, we ask that you check your health and anyone attending from your family daily beginning 14 days prior to camp. The best camp retreats start with healthy guests and this **begins at home**. Please bring this completed form to camp on opening day.

- We will be checking everyone's temperature every morning before breakfast.

Please indicate if the you have had any of the following symptoms prior to camp. Also, please take and record your temperature on the morning you leave for camp (our request would be that temperature be monitored for 14 days prior to camp). If any temperature or symptoms are present, please be evaluated by a licensed physician and contact camp for further guidance.

Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. I have not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. I have adhered to our state's guidelines regarding COVID19. Initial _____

Temperature on date departing for camp:

Date: _____

Temperature: _____

***** Note: If you are categorized as 'at risk', please consider staying home this year.**

Our signature indicates that I have been monitored for 14 days prior to camp and I am symptom free, to the best of my knowledge. I understand that arriving to camp healthy is vital to a healthy camp for all guests.

Parent/Guardian Signature (if minor): _____ Date: _____

Guest Signature: _____ Date: _____