



# Texas Baptist Encampment



## HEALTH CARD / CAMPER REGISTRATION FORM

### CAMPER INFORMATION

This information is for a (please circle only one):			Child / Youth	Adult (18 or over)
First name:	Last name:	Full address w/ city & zip code:		
Age:	Date of birth:	Church name & city:		
Parent / Guardian name:	Relationship to camper:	Full address (if different):		
Parent's Home Phone(s):	Parent's Work Phone(s):	Parent's Cell Phone(s):		

### MEDICAL HISTORY

Circle any and all conditions that this camper / adult currently has or has had, and then explain specifically:  
 Diabetes Heart Asthma Seizures Hypertension Bleeding Disorder Broken Bones Thyroid Kidney Epilepsy Other

\*Allergies (any and all):  
**IMPORTANT! - Please check your child for head lice at this time and, especially, prior to departure for the camp.**

### IMMUNIZATION RECORDS (List here or attach shot record. This section not required for adult Shepherds.)

**\*VERY IMPORTANT!** – Texas state law requires that certain items of information are included and completely filled out. We are asking your cooperation as leaders and parents to make sure that all information is correct and accurate. This form **must have allergy and current immunization** information listed with exact dates for anyone under 18. We know this may be an inconvenience to you but state law **requires us to send guests home immediately** that do not have complete and accurate records. Please complete this

<b>Immunizations:</b>	<b>DPT / DT</b>	<b>Polio</b>	<b>MMR</b>	<b>TB</b>	<b>Other:</b>
<b>Exact Date:</b>	_____	_____	_____	_____	_____

(Only if applicable) I have chosen to not have my child immunized: (Signature) \_\_\_\_\_

### MEDICATIONS

List only medications currently being taken by camp participant and sent with them to camp:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc...
1.	
2.	
3.	

**\*\*All medications must be sent in a Ziploc bag with camper name and church clearly marked on it. It must also be in the original container. According to Texas law, all medications, prescription & non-prescription, must be held & dispensed by the camp nurse or physician ONLY. The only exceptions are asthma inhalers or other emergency meds that need to be carried at all times but they *must* be reported & listed here.**

### EMERGENCY AUTHORIZATION

Additional Contacts (name and relationship to camper):		Insurance company, name of insured, & policy number:	
Daytime phone: ( ) -	Evening phone: ( ) -	Doctor's name:	Office phone: ( ) -
Pager number: ( ) -	Cell phone: ( ) -	Dentist's name:	Office phone: ( ) -

I understand that any youth or adult with a high fever will be sent home immediately. I hereby authorize the camp nurse or camp director to administer the medication listed on this form. If a medical emergency should arise while the above youth or adult is in attendance at Texas Baptist Encampment, I hereby authorize the camp nurse or camp director to provide care to this youth or adult and / or transport them to a medical facility. I further authorize the health care provider to administer necessary care upon arrival at the medical facility. I do understand that camper insurance at TBE is only a secondary backup to my own personal insurance policy. Personal insurance should be used for any claims occurring at TBE.

Signature of parent/guardian or adult camper: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## ***WAIVER AND RELEASE OF LIABILITY***

In consideration of the risk of injury while participating in Zipline (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Houston Party Rental, Inc., located at 4235 Spring Cypress Road, Spring, Texas 77388, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Houston Party Rental, Inc. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Houston Party Rental, Inc. incurs any of these types of expenses, I agree to reimburse Houston Party Rental, Inc..

I acknowledge that Houston Party Rental, Inc. and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Houston Party Rental, Inc..

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Houston Party Rental, Inc. AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Houston Party Rental, Inc. FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Houston Party Rental, Inc., its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both and Houston Party Rental, Inc. agree that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

<b><u>Emergency Contact</u></b>	<b><u>Contact Relationship</u></b>	<b><u>Contact Telephone</u></b>
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In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

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(Signature)

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(Date)