

Woodland Place Baptist Church Children's Ministry

Medical Release and Indemnity Agreement Parental Permission Form

EVENT: _____ DATE: _____

We, the undersigned, do hereby release, promise to save harmless and promise to indemnify Brent Neumann, Woodland Place Baptist Church of Magnolia, Texas, and all adult sponsors of or for the Woodland Place Baptist Church (hereafter referred to as "INDEMNITIES" for and from any liability whatsoever for any injury, damage, accident, misfortune or death sustained by the undersigned minor during the aforementioned trip.

We the undersigned, further agree to hold the aforementioned INDEMNITIES harmless and to INDEMNIFY the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, event, or function involving or during the aforementioned trip sponsored by Woodland Place Baptist Church.

This agreement is given in consideration for the supervision and discipline to be provided on our behalf by said INDEMNITIES plus other good and valuable consideration.

Further, we hereby appoint Woodland Place Baptists Church of Magnolia, Texas and/or Brent Neumann and/or any adult staff to act in my(our) place in the event said minor should require medical attention during this trip. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such precessional services, and to reimburse the Woodland Place Baptist Church for any expense that may be incurred for treatment, care, drugs, and other services for said minor.

If the undersigned minor's behavior is such that it endangers the welfare of others, Woodland Place Baptist Church or its adult sponsors have our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation cost for the trip home.

This agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provision of the agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforce ability of any other clause or potion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control or direction of said "INDEMNITIES".

Video/Photo Release: I give Woodland Place Baptist Church permission to photograph and video my child for promotions or videos that may or may not be posted on the internet.

Initial _____

WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY.

Date: ___/___/___ Minor's signature: _____ DOB: _____

Parent/Guardian/Participant over 18's signature: _____ Date: ___/___/___

The Following Information Must Be Complete

Participants Name: _____
Home Address: _____
Home Phone: _____
(Circle One)
Mother Father Cell Phone: _____

Medical Insurance Co: _____
Policy Number: _____
Insurance Co. Address: _____
Insurance Co. Phone: _____

Person to contact in case of an emergency: _____ Relationship: _____

Emergency Contact Number: Home _____ Cell: _____

Regular Meds: _____ Physical Limitations: _____

Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant _____

_____ I am above the age of 18 and am signing this agreement as the camp participant.

_____ I, _____, am the parent/legal guardian of the camp participant, a minor.

I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Group/Session Name: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y N _____

2. Recent surgery: Y N _____

3. Allergies to medications: Y N _____

4. Food Allergies: Y N _____

5. Asthma: Y N _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y N If so please list here: _____

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y N _____

9. Your camper must have received all vaccinations required to enter school in the state of Texas in order to attend camp. Has your camper received all of these required vaccinations? Y N

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y N

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child’s physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, *do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child’s participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.*

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child’s name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

**Adult Participant or Parent/Guardian Signature
Printed Name and Address of Signatory:**

Date: **X** _____

Carolina Creek Christian Camp Retreats House Rules

(Please initial each item and sign at the bottom)

_____ **Food.** Carolina Creek does not allow any food in the lodges or cabins or outside of the Dining Hall.

_____ **Adult Leaders.** Although Carolina Creek does provide program staff for various activities, each organization using the camp facility must provide their own adult leaders with a ratio of one adult (of at least 18 years of age and not including high school students) per each ten youth. The adult leaders are responsible for the supervision and behavior management of all participants.

_____ **Sleeping Areas.** Boys and girls are not allowed in each other's cabins or individual sleeping rooms/areas. Cabin-raids are not permitted as this behavior usually results in property damage or personal injury. Campers may not be in a cabin living area without their supervising adult.

_____ **Linens and Personal Items.** All groups must provide their own linens, pillows, and toiletries.

_____ **Security and Loss of Belongings.** Carolina Creek is not responsible for belongings, equipment, displays, supplies, written materials, or any other items left unattended. You are responsible for securing and safeguarding your equipment and belongings at all times.

_____ **Alcohol/Smoking/Illegal Drugs/Pets.** The use of alcohol, tobacco, and illegal drugs by individuals or groups is strictly prohibited on all Carolina Creek property. Guests/participants are not allowed to bring pets with them to Carolina Creek.

_____ **Grounds, Campfires, Fireplaces & Fireworks.** Grounds must be kept free from litter and damage. Campfires may be built only in approved fire ring by Carolina Creek staff. Only Carolina Creek personnel are authorized to start fires in the indoor fireplaces. You have to bring your own synthetic or artificial wood fire logs for the indoor fireplaces at Lakeview. Please do not ever leave indoor or outdoor fires unattended. Fireworks are strictly prohibited at Carolina Creek.

_____ **Damage.** Immediately report any damages to buildings, property or equipment. Carolina Creek property, equipment, and facilities are inspected after each guest stay. Damages and losses are billed accordingly. Your group assumes full responsibility for returning Carolina Creek property to its original condition.

_____ **Cleaning.** Cabins are to be left in a reasonably clean condition. Specifically, floors should be swept, trash emptied, and counters/sinks wiped clean. Brooms and cleaning supplies are stored in each cabin. Please advise camp Staff if you cannot locate these items. If there is a need for excessive cleaning, \$250 will be charged to your group.

_____ **Insurance.** All individuals attending Carolina Creek must be covered by health and accident insurance. The camp does not provide this insurance and it is up to individual groups or participants to secure such insurance.

_____ **Emergencies and Telephone Use.** Injuries and accidents must be reported to the Carolina Creek Camp Staff. Make certain you have identified any persons on medication, with medical conditions, and allergies to medicine or insects. Each Group should bring one person with current CPR & First Aid training to provide for all medical needs of the group. **Carolina Creek has no medical staff on duty.**

_____ **Vehicles.** All vehicles must remain in the assigned parking lot. Other than entrance and exit, use of private vehicles on Carolina Creek property is prohibited.

_____ **Waterfronts, Pools, and Ropes Courses.** There are to be no activities at the waterfronts, pools, or ropes courses unless certified Carolina Creek staff personnel are present.

_____ **Noise Control.** No speakers may be used outside between the hours of 9:30pm and 8:30am. Failure to comply with this rule will result in a \$500 fine. Carolina Creek Staff has the authority at anytime to control the noise if necessary.

Name

Group

Signed

Date