

Campers' Last Name: _____, First Name: _____ T-Shirt Size _____ Church: _____ Camp Name: _____

**Adult / Leader/Sponsor
Registration Form**
(18 years of age and over)

Name: _____ Birthdate: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone #: _____ Email Address: _____
I am attending with _____ Church

Please check here _____ if you do not want to be added to Panfork's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include _____

Dr.'s Name: _____ Phone #: _____

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary)

Allergies: _____

If you have food allergies or special nutritional needs, please go to bendfoodallergy.org and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

*All medications must be given to the Camp Health Officer (Yes, even for adults). Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I understand that medical care is provided by the group I am attending with and not by Panfork Baptist Encampment.

In an emergency, please contact:

Name: _____ Phone # _____ Relationship _____

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Insurance Company: _____ **in Name of:** _____

Insurance Policy #: _____ **Phone #:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Please send a copy (front and back) of Insurance Card

I understand that my insurance coverage will be the primary coverage. If church you are attending with carries coverage, it will be second and Panfork third for accidents only – no illness coverage.

If I am unable to make a decision on my own behalf regarding medical care, I authorize Panfork Baptist Encampment Staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for me. Panfork's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.

RELEASE AND INDEMNITY

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TOP OF TEXAS BAPTIST ASSOCIATION AND PANFORK BAPTIST ENCAMPMENT, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE “INDEMNIFIED PARTIES”) FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY’S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I further give permission and consent to Panfork Baptist Encampment for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Panfork Baptist Encampment with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Panfork Baptist Encampment or any of their employees related to any actions of Panfork Baptist Encampment taken in accordance with this paragraph. I further agree that I will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Wellington, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Panfork Baptist Encampment, which is decided in favor of Panfork Baptist Encampment, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Panfork Baptist Encampment, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I state that I have received information and training to perform the duties of an adult sponsor. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND INDEMNITY AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.

Signature: _____ Date: _____