
CROSSTIMBERS

JUNE 9-12
FINISHED 3-6TH
GRADE

COST: \$125 BEFORE APRIL 2
\$150 AFTER

\$50 NON-REFUNDABLE DEPOSIT DUE
AT SIGN-UP TO HOLD SPOT

LIMITED SPOTS AVAILABLE
SIGN-UP TODAY!

CrossTimbers 2017 Adult Release and Waiver of Claims Form

Name: (Last)

Church Name: _____

Name: _____ Date of Birth: _____

Gender: _____ Shirt Size: _____ (Youth S-L, Adult S-XXXL)

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Do you have any known allergies or are you unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Do you presently take any medications regularly? **Yes No** (Please circle one.)
If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named adult has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital? **Yes No** (Please circle one.)

If yes, Phone Number: (_____) _____

It is your responsibility to obtain insurance permission for treatment.

I, _____ will be attending CrossTimbers during the summer session, 2017. CrossTimbers Missions Adventure Camp is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that I should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation in or observation of such recreational activity.

Furthermore, in consideration of being allowed to attend CrossTimbers, I hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against the Host Church, the BGCO, or their agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at CrossTimbers, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to me.

I understand that my image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my belongings while at CrossTimbers.

Signature: _____ **Date:** _____

Must be 18 years old or older to sign this form. Every adult attending CrossTimbers must complete this Release Form and turn it in on the first day of camp during registration.

(First)

Church:

CrossTimbers 2017 Camper Release and Waiver of Claims Form (1 of 2)

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Name: (Last)

Church Name: _____

Gender: _____ Age: _____ 2016-17 School Grade: _____ Shirt Size: _____ (Youth S-L, Adult S-XXXL)

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named individual has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (_____) _____

7. Will a parent or spouse of the Camper attend camp during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent/spouse: _____

(First)

Church:

Please continue to the back or adjoining page. All forms MUST be fully completed.

CrossTimbers 2017 Camper Release and Waiver of Claims Form (1 of 2)

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending CrossTimbers during the summer session, 2017 CrossTimbers Children's Missions Adventure Camp is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

• If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

• I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

• Furthermore, in consideration of my child being allowed to attend CrossTimbers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at CrossTimbers, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

• I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child's belongings while at CrossTimbers.

• I understand that CrossTimbers is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

Parent Signature: _____ Relationship to child: _____ Date: _____

All students attending CrossTimbers must have a parent or guardian complete and sign this release form. This form must be turned in to the CrossTimbers staff during registration on the first day of camp.



Activity Participation Agreement

First Baptist Church of Choctaw

Address: 2700 N Main, Choctaw, OK 73020 Phone: 405-390-2131

Lead Sponsor: Colt Johnson Activity: Cross Timbers June 9-12, 2017

Location: Cross Timbers, Davis, OK

Participant Information *(To be completed by participant or authorized guardian)*

Name of Participant: _____

Name of Parents/guardians: _____

Address: _____ Phone: _____

Name of Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Allergies or Medical Conditions: _____

(Use Back if extra space is needed)

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by parental/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement:

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I consent that mine or my child's image may appear on videos, promotional resources, church web sites, etc.

Signature: _____ **Date:** _____

(Participant and/or Legal Guardian if participant is under the age of 18).