

Plains Baptist Camp and Retreat Center  
Retreat Release



Dates: \_\_\_\_\_ Church/Group Attending With: \_\_\_\_\_

**General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Person to notify in the event of an emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Medical History**

1) Known Allergies ( Drug/ Environmental/ Food) \_\_\_\_\_

2) Chronic Illnesses \_\_\_\_\_

3) Medications (presently being taken, dosage, and time) \_\_\_\_\_

4) Dates for the required immunizations following (REQUIRED).

Polio \_\_\_\_\_ DPT \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Tetanus \_\_\_\_\_ Date of last physical \_\_/\_\_/\_\_

5) Medical conditions and restrictions \_\_\_\_\_

6) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

7) Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Address \_\_\_\_\_

8) Check all that apply:  Heart Problems  Chest Pains  Epilepsy  Diabetes  Fainting Spells/ Blackouts,  
 High Blood Pressure  Arthritis/Back Problems  Operations/Serious Illness  Disabilities/Chronic Recurring Illness,  
 Allergies to Meds \_\_\_\_\_

9) Additional comments/ Restrictions \_\_\_\_\_

10) General Health Statement \_\_\_\_\_

**\*Special diets due to medical reasons, please contact the camp office in advance for alternate arrangements\***

**Medical Release**

I give permission for medical personnel to administer the following non-prescription, over the counter medications as indicated by checking below:

Acetaminophen  Ibuprofen  Decongestant  Antacid  Antihistamine  Antihistamine Cream   
Antibacterial Ointment  Cough Medicine

**In the event of an emergency**, I give Plains Baptist Assembly Staff or my church/group representative permission to seek medical aid for myself if I am unable to do so.

Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Plains Baptist Camp

## Statement of Participation, Assumption of Risk, and Release from Liability

### 1. ACKNOWLEDGEMENT OF INHERENT RISKS

I have read and understand the risks, and responsibilities, and liabilities as listed below. I certify that I am aware of the inherent risks associated with outdoor camp activities as well as the inherent risks of being on camp property. Notwithstanding, I hereby choose to participate in all camp activities. Camp activities may include but are not limited to: hiking, climbing, running, swimming, ropes courses, field sports, waterfront recreation, and shooting sports. Further, in consideration for Plains Baptist Camp agreeing to accept the afore mentioned child/individual as a camper/guest, I hereby personally assume all risks in connection with my attendance and participation in the events at Plains Baptist Camp.

### 2. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

### 3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Plains Baptist Camp for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

### 4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Plains Baptist Camp, it's trustees, employees, agents and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives from any claim by me, or my family, estate, heirs, or assigns out my participation in activities at Plains Baptist Camp.

### 5. Pre-Authorize for Medical Treatment

As previously listed, I authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered, as needed in the judgment of the treating physician, who is chosen by the Camp Director, or a designated representative working under him, as circumstances require. I further authorize Plains Baptist Camp Staff to render first aid

and to administer medications as prescribed and received by the Camp Nurse at registration.

### 6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused directly or indirectly, including graffiti.

### 7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

I agree to fully cooperate with the adult leadership, camp staff, and other sponsors. I agree that if in the judgment of the adult leadership or camp staff my presence becomes a discipline problem, that I may be asked to leave, and that I will forfeit all camp fees paid.

### 8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my photograph may be used for promotional purposes or publicity material by Plains Baptist Camp.

### 9. CAMP RULES AND POLICIES

I agree that I will adhere to the rules and policies of Plains Baptist Camp (see attached page) I will also enforce these rules within my group of campers.

**By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.**

---

Printed Name

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Plains Baptist Camp Rules

### Vehicles/ATV/Four wheelers/Golf Carts

Vehicle use should be kept to a minimum. Riding in the back of pickups or on trailers is strictly forbidden. No Four Wheelers are allowed. Golf Carts and utility vehicles, such as Mules or Gators are allowed with approval by the PBA office. To receive approvals please complete the Golf Cart/ATV request form at the PBA camp office. All moving vehicles must remain on roadways. PBA strictly enforces a policy of "everyone in a seat" no overloading or hanging on is allowed.

**Meals:** Please be at the dining hall within 15 minutes of the serving time. The serving line will be open for 30 minutes. Campers arriving late will not be guaranteed the availability of food. PBA will try to meet special dietary needs when they are for medical purposes, i.e. food allergies. Medical forms for people with food allergies must be received at the PBA office 10 days prior to arrival.

**Pets:** Pets are not permitted on PBA property, except certified assistance animals. Animals used for program purposes must be approved by the PBA camp office.

### Conduct/Supervision/Dress code:

1. All Adults must meet the requirements of both PBA and the Texas Department of Health. Contact the PBA office for further information and policies. Adults arriving at camp without the correct background checks, and child protection certification as required by the State of Texas, will be required to leave.
2. All visitors must check in at the camp office and may be required to provide a criminal background check and child protection certification.
3. No alcohol or illegal drugs are allowed on camp property and may result in notification to the Floyd County Sheriff.
4. Firearms are not permitted.
5. Tobacco in any form, including electronic cigarettes are not allowed in any building.
6. Campers and adults are required to dress modestly. Boys/men must wear shirts at all times except while swimming; no speedos. Girls/women wear a dark cover up if they are wearing a two piece swim suit, or a one piece that is revealing. Shoes must be worn at all time.
7. Conduct Policies:
  - a. Use of inappropriate language is not permitted. I.E. cussing, jokes of sexual or racial nature, verbal harassment, etc.
  - b. Tattoos of naked people or vulgar language, or other inappropriate matter must be covered up at all times.
  - c. Discretion should be used when taking pictures. PBA will not tolerate the taking of inappropriate pictures and/or posting inappropriate pictures or comments online.
  - d. No adult is allowed to be alone with a minor at any time.
  - e. Respect other groups in attendance
  - f. All music played on the rec field or other public areas must be Christian music.

### Dormitories:

Dorm Bedrooms are gender specific. Boys will not be in the girls' quarters, and girls will not be in the boys' quarters. Porches and common areas are open to both genders during scheduled breakout sessions and scheduled classes.

Student Signature	Date _____
Parent/Guardian Signature	Date _____