

Adult Name: \_\_\_\_\_

Church address \_\_\_\_\_

### REWIRED MEN'S CONFERENCE

# Falls Creek Adult Release and Waiver of Claims Form

If you are attending with a Church or Group, please write the name here: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 Falls Creek for Rewired Men's Conference on \_\_\_\_\_. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that I should need emergency medical care or attention, my Church or Group (indicated above) 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, r 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 my Church or Group 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 my Church or Group nor the BGCO is responsible for the action of these third party contractors. I further agree that neither my Church or Group 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 Falls Creek camp, I hereby waive, and I hereby agree to indemnify and hold harmless my Church or Group, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against my Church or Group, 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 Falls Creek, and (2) injuries arising from the decision of the leadership of my Church or Group, 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 my Church or Group (listed above), the BGCO, and any of their staff or agents to inspect my belongings while at Falls Creek.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

# REWIRED MEN'S CONFERENCE

## Falls Creek Student Release and Waiver of Claims Form (1 of 2) Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

If you are attending with a Church or Group, write the name here: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Grade This Fall: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Work Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

2. Does student 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 student 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 of the student attend Rewired? **Yes No** (Please circle one.)

If yes, name of parent: \_\_\_\_\_

Student Name: \_\_\_\_\_

Church or Group: \_\_\_\_\_

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

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# Falls Creek Student Release and Waiver of Claims Form (2 of 2)

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

My student, \_\_\_\_\_ will be attending Rewired Men's Conference on \_\_\_\_\_. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my student should need emergency medical care or attention, their Church or Group (indicated on page 1) 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 student 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 Rewired Men's Conference, 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 Falls Creek, 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 the retreat. I understand that a promotional or highlight video may be available for sale during and after the retreat. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I understand that Falls Creek/Rewired is a place where many students seek counsel and advice from adult leaders, staff, counselors, and others. I hereby consent to my student receiving spiritual and emotional counsel during their time at the conference.

• I give authority and permission to my Church or Group, the BGCO, and any of their staff or agents to inspect my student's belongings while at Falls Creek.

• I have received and read the Information about Rewired including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information.

Parent Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

## I have read and agree to the above and will abide by them.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_