

SENIOR ADULT CAMP REGISTRATION

Tryon Evergreen Baptist Association
Camp Allen, Navasota, Texas
October 8th, 9th, & 10th, 2018

Name: _____ Phone #: _____

Address: _____

City, State & Zip Code: _____

Church Name: _____ City: _____

E-Mail: _____

Accommodation Request:

Room: Single (\$260) _____

Room: Double (\$195) _____

Day rate per person (\$50) _____

Registrations for all roommates must be received before a room are assigned.

Roommate:

Special Dietetic Needs:

Accommodations are two persons per room unless prior approval has been arranged

___ I will be arriving by church bus. Name of Church: _____

___ I will be arriving by private vehicle.

___ I will be entering the Talent Show.

Emergency Contact Name: _____ Phone #: () _____

Please check any that apply:

___ Handicap Facilities Required

___ Ground level room required

___ Ground level room requested but not required

- All registrations must be turned in on or before September 1st 2018
- Registrations for all roommates must be received before a room can be assigned
- If the accommodations you request are not available, you will be called and asked if you desire:
 - A. Other accommodations
 - B. To be placed on a waiting list
 - C. Your payment to be returned
- Please make checks payable to: TEBA, 4489 N. Frazier, Conroe, Tx 77303

Participation Agreement & Waiver Agreement

I am above the age of 18 and am signing this agreement as a participant while acknowledging and assuming all liabilities and risks in consideration for participation in this event.

Furthermore, I understand participation in all activities including both indoor and outdoor events is made by my informed consent. I understand all activities are optional and that I have voluntarily applied to participate in the events and activities. I understand the foregoing activities and all other events, hazards or exposures connected with the event 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.

Participant Signature

Date

Medical Information

Participant Name:

Male

Female

Church Name:

Mailing Address:

City:

State:

Zip:

Date of Birth:

Phone:

Person to notify in case of an emergency:

Phone number(s) of emergency contact person:

Name of Primary Physician and phone number:

General Health Information:

Do you currently have any of the following? (Circle Yes or No below)

1. Recent serious injury: Yes No

2. Recent surgery: Yes No

3. Allergies to medications: Yes No

4. Food Allergies: Yes No

5. Asthma: Yes No

If yes to any of the above, please describe:

7. Do you take any medications regularly? Yes No - (If yes, please list on back of this page)

(All medications brought to the event must be in originally labeled containers)

8. If yes, will you have these with you? Yes No

9. Date of last Tetanus Shot:

10. Add any other necessary medical information: (please list on back of this page)

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.**

SPECIAL NOTE

If you have a Physicians Directive or Related Materials you are requested to include copies of those with this form.

Authorization for Emergency Medical Treatment

I have listed above my physical conditions or medical problems that may need attention and all medications regularly used by myself. I understand failure to disclose medical information and/or condition may result in my inability to be a participant in the event. In case of the illness the TEBA or its agents will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency where the emergency contact cannot be notified, ~~the TEBA~~ **the TEBA** or its agents 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 TEBA, its agents or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself, in their sole discretion, be necessary and proper under the circumstances.

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS THE TEBA STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF DURING MY PARTICIPATION OF THE EVENT, EVEN IF SUCH INJURIES OR DAMAGES ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR RECKLESSNESS) OF THE TEBA, ITS OFFICERS, AGENTS, EMPLOYEES OR PARTICIPANTS.

In consideration for being permitted to attend this event and participate in the activities conducted during the event, I, on behalf of myself, my legal representatives, heirs and assigns, do hereby release, waive, and forever discharge the TEBA 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 participation in the event activities or any activities in connection with the event, whether or caused in whole or in part by the negligence (but not gross negligence or recklessness) of the TEBA, its officers, agents, employees or participants.

I, personally, hereby give the TEBA and its agents permission to use my photograph, quotations and likeness in any advertisements or promotions performed in connection with the event and agree that neither I 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.

The TEBA and its agent are authorized to provide or obtain medical care for me, as it deems appropriate, and to exchange medical information with third party caregivers.

To the extent a claim asserted against a Released Party by an event participant shall be brought exclusively in Montgomery County, Texas, and the laws applicable thereto shall be those of the State of Texas, not including those laws which may apply the laws of another jurisdiction.

This Agreement may be amended only by a written instrument, signed by the parties hereto.

This Agreement is intended to be binding upon my heirs, estates, executors, guardians, administrators, legal representatives and assigns.

Participant Signature

Date

Witness Signature

Date