

Form payment, T-shirt size due *
No later than June 1st



Brotherhood Mutual
Insurance Company

T-Shirt Size _____

Activity Participation Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization:

Southmead Baptist Church

Address:

3801 S. Broadway Ave, Mead, OK 73160

Telephone:

Name of sponsor's coordinator:

Hayden Young

Telephone:

405-620-0674

Description of activity:

Falls Creek

Date(s) and location of activity:

June 16-21 / Cost \$115.00 / 7th - 12th grade

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

Name of participant:

Name of parents/guardians:

Address:

Telephone:

Name of emergency contact:

Telephone (Day):

Telephone (evening):

List allergies or medical conditions:

Is sponsor authorized to approve medical treatment?

☐ Yes

☐ No

Is participant covered by personal/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.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

(Participant and/or ALL parent/guardians if participant is a minor)

STUDENT NAME: _____

AGE: _____

CHURCH: _____

(by end of Camp)

PLEASE FULLY COMPLETE THIS FORM.
IT IS TWO PAGES, FRONT AND BACK (OR ADJOINING PAGE)

Host Church: _____ Cabin: _____

Camper Name: _____ Date of Birth: _____ Gender: **M / F** T-Shirt Size: _____

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 camper have any known allergies or is camper unable to take any medications? **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. Does camper presently take any mental health medications? **Yes No** (please circle one)
If yes, what medications? _____

5. Has camper been in inpatient care for mental health in the past 3 years? **Yes No** (please circle one)

6. Date of last tetanus immunization: _____

7. The above named child has current medical insurance coverage through:
Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: () _____ Policy Number: _____

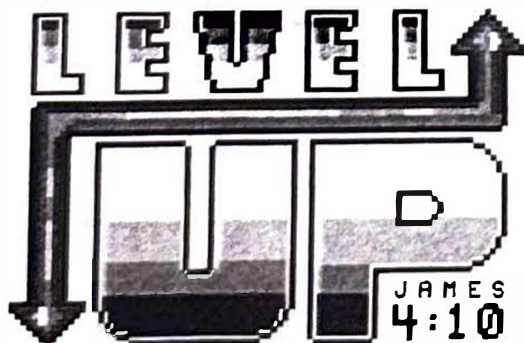
Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

8. Does your insurance company require notification prior to emergency health care at a hospital? **Yes No** (please circle one)
If yes, Phone Number () _____

9. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes No** (please circle one)
If yes, name of parent: _____

PLEASE CONTINUE TO THE BACK OR ADJOINING PAGE.
ALL FORMS MUST BE FULLY COMPLETED.



Parents:

Your child is required to abide by the Falls Creek Youth Camp dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, the student's signature is required on the second page of this form.

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 Falls Creek Youth Camp during the summer session, 2025. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that my child should need emergency medical care or attention, the Host Church leadership, Oklahoma Baptists 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 child's 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 Oklahoma Baptists 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 Oklahoma Baptists is responsible for the action of these third party contractors. I further agree that neither the Host Church nor Oklahoma Baptists 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 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 Falls Creek Youth Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Oklahoma Baptists, 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, Oklahoma Baptists, 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 Youth Camp, and (2) injuries arising from the decision of the leadership of the Host Church, Oklahoma Baptists, 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, Oklahoma Baptists, and any of their staff or agents to inspect my child's belonging while at Falls Creek Youth Camp.
- I understand that Falls Creek Youth Camp 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.
- I have received and read the Parent Information about Falls Creek Youth Camp including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Youth Camp Code of Conduct and Dress Code, and I have discussed the Code of Conduct and dress code with my child.

Parent Signature _____ Relationship to child: _____ Date: _____

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

I have read and agree to the Falls Creek Youth Camp Code of Conduct and Dress Code and will abide by them.

Student Signature _____ Date: _____

OBU & Oklahoma Baptists Information Form: The following portion of this document is to be removed from the above by Falls Creek Youth Camp and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

Student's First Name															Student's Last Name															MALE		FEMALE		Grade just completed	
Mailing Address																														Please Circle One		Date of Birth (mm/dd/yy)			
City																									State		Zip Code								
Phone Number (including area code)															Student's Email Address																				