

Name of Church you are representing _____
 Name of Camp Session attending _____ Date of Camp _____

Adult / Leader / Sponsor

Registration Agreement & Medical Release Form for Latham Springs Camp & Retreat Center Texas Health Department Requirement

To be completed by All Camp Attendees including Directors, Sponsors, Pastors, Volunteers, Speakers, Band Members, Rec Team and anyone over the age of 18 years old that will be staying over-night.

Name _____	Phone # _____	Email Address _____
Address _____	City/State _____	Zip _____
Birth Date _____	Sponsor Age _____	Social Security # ** _____
<i>(** Required by Texas Dept. of Health and only used if the attendee goes to the doctor. Kept CONFIDENTIAL)</i>		
Emergency Contact _____	Relation _____	Phone _____
Family Physician's Name _____	Work phone _____	Pager/Cell _____

Medical conditions and Health History: List any recent illness, injuries and/or hospitalizations relevant to physician in case of an emergency (attach extra sheet if necessary) _____

AUTHORIZATION FOR BACKGROUND CHECK

In consideration of the receipt and evaluation of this form by Latham Springs Camp & Retreat Center located at 134 PR 223, Aquilla, Texas 76622, I hereby give my permission to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility to serve at Latham Springs. I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I agree to be bound by the Constitution and policies of Latham Springs Camp & Retreat Center and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. The basic criteria which have been established by the State of Texas for conducting youth camps is met or exceeded by Latham Springs Group Leader Handbook requirements and I agree to read thoroughly and adhere to all guidelines therein.

RISK RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

REPRODUCED IMAGES

I authorize and release the use of Applicant's image to be reproduced in any form including, but not limited to, newspapers, photographs, magazines, and internet websites, to CAMP for any purpose of CAMP.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

_____ Name of Adult Participant ***(Please Print)***

_____ Date _____

SIGNATURE of Adult Participant