OKLAHOMA BAPTISTS

FALLSCREEK**YOUTHCAMP** | 2026
ADULT RELEASE AND WAIVER OF CLAIMS FORM

ADULT NAME:

CHURCH: Guthrie First

Host Church: Guthrie First Cabin: 411

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

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 medications? **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. Do you presently take any mental health medications? **Yes** **No** (*please circle one*)
If yes, what medications? _____

5. Have you 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 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: _____

8. 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 Youth Camp during the summer session, 2026. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that I 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 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 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 are 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 Youth Camp, I hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against the Host Church, Oklahoma Baptists, 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 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 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 the Host Church, Oklahoma Baptists, and any of their staff or agents to inspect my belongings while at Falls Creek Youth Camp.

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

Signature: _____ **Date:** _____

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