OKLAHOMA BAPTISTS

# FALLSCREEK**YOUTHCAMP** | 2026
## 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)**

Host Church: Guthrie First Cabin: 411

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.**

**STUDENT NAME:** _____

**AGE:** (by end of camp) _____

**CHURCH:** Guthrie First

THE GREATEST

# 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, 2026. 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** Please Circle One | **Grade just completed**

**Mailing Address** | **Date of Birth (mm/dd/yy)**

**City** | **State** | **Zip Code**

**Phone Number (including area code)** | **Student's Email Address**