

Boys Camp Waiver and Release Form

ALL Participants **MUST** have this general release and indemnification of claims completed and turned into their group leader upon arrival at this event. **This form MUST be completed for all participants.**

Please review, complete, and sign.

Camp Location: Plains Baptist Camp, Floydada, TX **Dates:** 7/05/2026 – 7/08/2026

Participating Church Name: _____

City: _____ **State:** _____

Name of Participant: _____

Gender of Participant: Male Female **Participant Date of Birth:** _____

Participant Grade Completed or Adult : _____ **Participant Shirt Size:** _____

Name of Parent/Guardian who is able to give consent: _____

Cell Phone Number of Parent/Guardian: _____

Email Address of Parent/Guardian: _____

Assumption of Risk: I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation of camp activities. I agree that I am financially responsible for any and all damage to camp property caused by my child.

Recreation: Recreation is offered to build community amongst your group with fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities. Plains Baptist Camp has permission to put a colored wristband on my child to identify allergies or a medical condition such as diabetes or asthma, etc. to help alert camp staff in case of a medical emergency. The above-mentioned camper agrees to obey all camp rules and to fully cooperate with the adult leadership, camp staff, campers, and other sponsors. I agree that if in the judgment of the adult leadership or camp staff, my child becomes a discipline problem, he may be sent home, at my expense, and I will forfeit all camp fees paid.

Photography/Video Acknowledgment: Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue Caprock-Plains Baptist Association, Lubbock Area Baptist Association, Plains Baptist Camp, their leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during Boys Camp. In the event of a medical need, I understand that the authorized agent of the church is responsible for care of decisions related to medical needs including, but not limited to medical consent, care, transportation and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms, and my signature below represents that understanding and I freely relinquish legal rights. I have had the opportunity to obtain any and all council if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below) participants who are minors per state law require Parent/Guardian signature.)

I am a: Parent/Guardian Event Attendee who is 18 or older

Signature of Parent/Guardian: _____

Signature of Event Attendee: _____

Phone Number of Parent/Guardian: _____

Boys Camp Medical Release Form

Participant Name: _____

Participant Age: _____ Participant DOB: _____ Participant Gender: _____ Male _____ Female

Church Name : _____

Emergency Contact Information:

Parent/Guardian Name: _____

Parent/Guardian Cell Phone Number: _____

Secondary Contact Name: _____

Secondary Contact Cell Phone Number: _____

Medical Profile

Please list any medical history to be aware of: _____

Any Allergies: _____

Special Diet needs to be aware of: _____

Primary Physician: _____ Phone: (_____) _____

Insurance Company (if no insurance, please write N/A): _____

Policy Number: _____ Subscriber: _____

Insurance Company Phone Number: _____

May your child be administered Tylenol or Motrin? _____ Yes _____ No

May your child be administered an antihistamine such as Benadryl? _____ Yes _____ No

*Medication includes any substance, prescription or non-prescription, taken for health purposes.

**If participant needs medication while at camp, fill out attached Medication Form.

*** **All medications will be handled and administered by the camp nurse.**

_____ (Participant's name) has the permission of the undersigned to participate in **Boys Camp** from **July 5 – 8, 2026**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Signature of Parent/Guardian: _____