

Last Name: _____ First Name: _____
 Church/City: _____ Camp Name: Youth Week, SBTC

Adult / Leader/Sponsor
Registration Form - 2022
(18 years of age and over)

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

Name: _____ Birthdate: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone #: _____ Email Address: _____
 I am attending with _____ Church
 Medical conditions relevant to Camp Health Officer include: _____

Dr.'s Name: _____ Phone #: _____

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency
 (Attach extra sheet if necessary)

Allergies: _____

If you have food allergies or special nutritional needs, please go to bendfoodallergy.org and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

*All medications must be given to the Camp Health Officer (Yes, even for adults). Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I understand that medical care is provided by the group I am attending with and not by Riverbend Retreat Center.

In an emergency, please contact:

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Insurance Company: _____ in Name of: _____

Insurance Policy #: _____ Phone #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Please send a copy (front and back) of Insurance Card

I understand that my insurance coverage will be the primary coverage. If church you are attending with carries coverage, it will be second and Riverbend third for accidents only – no illness coverage.

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for me. Riverbend's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.

RELEASE AND INDEMNITY

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS SOUTHERN BAPTISTS OF TEXAS CONVENTION (SBTC), TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I further give permission and consent to SBTC and Riverbend Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to SBTC and Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against SBTC or Riverbend Retreat Center or any of their employees related to any actions of SBTC or Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against SBTC or Riverbend Retreat Center, which is decided in favor of SBTC or Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of SBTC or Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I state that I have received information and training to perform the duties of an adult sponsor.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND INDEMNITY AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.

Signature: _____ Date: _____

MUST BE SIGNED BY EVERY ADULT SPONSOR

Youth Week Summer Camp 2022

SUPERVISION STANDARDS

Supervision Standards

The following are the basic supervision policies that will be observed. Each adult worker/volunteer must sign to confirm their intent to comply with the Supervision Standards listed below.

- No unmonitored one-on-one situations – at no time, shall any child be alone with only one worker/volunteer. Exceptions might be for counseling in a location where both the worker/volunteer and child can be observed at all times.
- No inappropriate touching of minors (for discipline or otherwise) and limited physical contact. Physical discipline is prohibited.
- Respect of privacy – respect the privacy of minors in situations like changing clothes, showers, restrooms, etc. Adults must protect their own privacy also in these situations. Using cameras of any kind are prohibited in these private environments.
- Monitoring – all activities must take place in rooms that can be observed. In addition, at times parents may also view children’s activities if they do so discreetly and do not disrupt the event in progress.
- Ratios – the appropriate numbers of adults will supervise minors of various age groups based on accepted standards.
- Peer-to-peer abuse – peer-to-peer abuse will not be tolerated.
- No forced participation – all recreational or physical activities are optional.
- If a participant’s behavior becomes detrimental to themselves or others, a report should be made to the SBTC staff member in charge of the event.
- All workers/volunteers will strive to be a Godly witness to minors, other workers, and parents.

In the interest of the safety for minor participants, I agree to make best efforts to comply with these supervision standards.

Worker/Volunteer Name (print)

Worker/Volunteer Signature

Church Name

Date

MUST BE FILLED OUT BY EVERY INDIVIDUAL ATTENDING CAMP

Youth Week Summer Camp 2022

Church Name: _____

LIABILITY RELEASE AND INDEMNITY

I, _____ and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Riverbend Retreat Center in Glen Rose, TEXAS also known as RRC in connection with an event of the Southern Baptists of Texas Convention (SBTC), certain risks and dangers will occur. These may include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery range, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a climbing wall, zip lines, high and low elements, and a team power pole. Members of a Recreation Team will lead recreational events. In consideration of RRC, Rec Team and SBTC providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold RRC, Rec Team and SBTC their respective owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney’s fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders, RRC, Rec Team or SBTC. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I authorize the use of my or my child’s photograph or video on the RRC, Rec Team or the SBTC website or brochures for camp updates and communication.

In case of an accident or illness, I authorize Camp Health Officer or first aid personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless RRC, Rec Team and the SBTC, their owners, officers, directors, trustees, agents, employees, and/or volunteers from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of RRC, or the SBTC, their owners, officers, directors, trustees, agents, employees or volunteers.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Signature	Date	Parent or Legal Guardian Signature (if minor)	Date
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