



ADULT CAMPER • LEADER • SPONSOR
Registration / Medical & Risk Release Form

Name of Church/Group _____
 Group Leader Name _____ Date of Camp Session _____ T-Shirt Size _____

Name _____ Phone _____
First Middle Last (Maiden)
 Address _____ City, State, Zip _____ E-Mail _____
 Birth Date _____ Age _____ Driver's License # _____ State of Issue _____
 Emergency Contact _____ Relation _____ Phone _____
 Family Physician's Name _____ Phone _____
 Insurance Provider _____ Policy # _____ ID # _____

MEDICAL CONDITIONS AND HEALTH HISTORY *(use reverse side, if necessary)*

List recent illnesses, injuries, and hospitalizations relevant to above physician _____

Current Medications	Dosage	Frequency / Times	Comments

_____ **I hereby authorize Lake Lavon Camp & Conference Center Staff, Camp Nurse, or Group Leadership to make emergency medical decisions on my behalf. I understand that my personal insurance coverage will be Primary Coverage.**

AUTHORIZATION FOR BACKGROUND CHECK In consideration of the receipt and evaluation of this form by Lake Lavon Camp & Conference Center located at 8050 CR 735, Princeton TX 75407, 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 Lake Lavon Camp. 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 on 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 Lake Lavon Camp & Conference 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 Lavon Camp 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 Lake Lavon Camp & Conference Center, I (1) fully release Lake Lavon Camp from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assume all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold Lake Lavon 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 fees and costs of court filed by me or by other parties against Lake Lavon Camp, connected with my program or participation in any activities at or arranged by Lake Lavon Camp.

I hereby agree that I will not sue Lake Lavon Camp & Conference Center for personal or property injury, and, if I attempt to sue, I will not collect any money. In addition, I will indemnify Lake Lavon Camp for attorney fees and costs of court fees associated with any litigation against Lake Lavon Camp connected with my program or participation in any activities at or arranged by Lake Lavon Camp & Conference Center.

REPRODUCED IMAGES I authorize and release the use of my image to Lake Lavon Camp & Conference Center to be reproduced in any form including, but not limited to, photos, videos, magazines, newspapers, Internet, and social media websites for any purpose of Lake Lavon Camp.

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

_____ PRINTED NAME of Adult Participant

_____ DATE of Signature

_____ SIGNATURE of Adult Participant