Falls Creek Conference Centers 2026 Adult Release and Waiver of Claims Form

Group: _____ Cabin: _____
Name: _____ Age: _____
Phone: _____ City: _____

In Emergency Notify: _____ Relationship: _____
Primary Phone: _____ Secondary Phone: _____
E-mail: _____ College Attending (if applicable): _____
Secondary Emergency Contact: _____ Phone: _____

1. Do you have any known allergies or are you unable to take any medication?
____Yes ____ No
   If yes, what? _____
2. Do you presently take any medications regularly? ____ Yes ____ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know about: _____
_____

It is your responsibility to provide insurance information if needed and obtain insurance permission for treatment.

I, _____ will be coming to Falls Creek Conference Centers. 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, Oklahoma Baptists or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a physician, nurse, 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 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 Oklahoma Baptists is not responsible for the action of these third party contractors. I further agree that Oklahoma Baptists is also not 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 and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend Falls Creek Conference Centers, I hereby waive any and all causes of action, rights, claims or suits which I may have against Oklahoma Baptists, its 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 Conference Centers, and (2) injuries arising from the decision of Oklahoma Baptists or its 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 at Falls Creek Conference Centers. I understand that a promotional or highlight video may be available for sale from Falls Creek Conference Centers. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to Oklahoma Baptists, its employees or its agents to inspect my belongings while at Oklahoma Baptists Conference Centers.

Signature: _____ Date: _____

Must be 18 years old or older to sign this form. Please make a copy of this form for all adults attending Falls Creek Conference Centers. Every adult attending Falls Creek Conference Centers must fill out this Release Form and turn it in on the first day at registration.