

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

Group: _____ Cabin: _____
Participant Name: _____ Age: _____ Grade this fall: _____
Phone: _____ City: _____

In Emergency Notify: _____ Relationship: _____
Primary Phone: _____ Secondary Phone: _____
Secondary Emergency Contact: _____ Phone: _____

1. Does participant have any known allergies or are they unable to take any medication?
___ Yes ___ No
If yes, what? _____
2. Does participant 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 the responsibility of your child's group leadership to provide insurance information if needed and obtain insurance permission for treatment or to limit your child's recreational activities because of a stated medical condition.

My child, _____ will be coming to Falls Creek Conference Centers. Falls Creek Conference Centers is managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). I may or may not be coming to Oklahoma Baptists Conference Centers with my child. In the event that my child should need emergency medical care or attention, Oklahoma Baptists or any one of its 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 to my child, 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 child's 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 on behalf of my child.

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.

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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 child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Oklahoma Baptists Conference Centers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless Oklahoma Baptists, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against Oklahoma Baptists, its 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 Oklahoma Baptists 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 my child.

I understand that my child's 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 child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to Oklahoma Baptists its staff or its agents to inspect my child's belongings while at Falls Creek Conference Centers.

I understand that Falls Creek Conference Centers 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 time at Falls Creek Conference Centers.

I have received and read the Parent Information about Falls Creek Conference Centers including the list of the recreational options and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All persons under the age of 18 attending Falls Creek Conference Centers must have a parent or legal guardian fill out and turn in this release form on the first day of the event at registration.