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

Group: _____ Cabin: _____
Name: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
In Emergency Notify: _____ Relationship: _____
Home Phone: _____ Cell or Work Phone: _____
E-mail: _____ College Attending This Fall (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: _____
_____
4. Date of last tetanus immunization: _____
5. The above named adult has current medical insurance coverage through:
   Insurance Company: _____
   Name on Insurance Policy: _____
   Insurance Company Phone Number: _____ Policy Number: _____
6. Does your insurance company require notification prior to emergency health care at a hospital?
   If yes, Phone Number: _____

It is your responsibility to 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 ("BGCO"). In the event that I should need emergency medical care or attention, the BGCO 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 the BGCO 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 the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

Fall Back 2026

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 the BGCO, 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 the BGCO 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 the BGCO, its employees or its agents to inspect my belongings while at BGCO 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.

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

Group: _____ Cabin: _____
Participant Name: _____ Age: _____ Grade this fall: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Student E-mail: _____
In Emergency Notify: _____ Relationship: _____
Home Phone: _____ Cell or Work 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: _____
   _____
4. Date of last tetanus immunization: _____
5. The above named child has current medical insurance coverage through:
   Insurance Company: _____
   Name on Insurance Policy: _____
   Insurance Company Phone Number: _____ Policy Number: _____
6. Does your insurance company require notification prior to emergency health care at a hospital?
   If yes, Phone Number: _____

It is the responsibility of your child's group leadership to 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 ("BGCO"). I will not be coming to BGCO Conference Centers with my child. In the event that my child should need emergency medical care or attention, the BGCO 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 the BGCO 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 the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO 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 child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend BGCO Conference Centers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the BGCO, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the BGCO, 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 BGCO Conference Centers, and (2) injuries arising from the decision of the BGCO 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 the BGCO, 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 students attending Falls Creek Conference Centers must have a parent fill out this release form and turn in this release form on the first day at registration.