

LAKE TOMAHAWK CHRISTIAN RETREAT CENTER

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 www.laketomahawk.org

2023

ADULT REGISTRATION MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. All requested information is applicable. Type or print legibly in Dark Ink.

DATE: ____/____/____

Name: _____
First Middle Last (indicate name used)

Address: _____
Street City State Zip

Birth Date: ____/____/____ Age Now : ____ Sex: (M/F) ____ Social Security No.: _____
Mo. Day Year (SS # not required but needed in case of admittance to hospital.)

Phone Number: Daytime: (_____) _____ Evening: (_____) _____ Other: (_____) _____

Email: _____ Occupation: _____ Employer: _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____ _____ _____ Medications you take occasionally (headaches, etc.) _____ _____ Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Health Information: Do you have, or have you had Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any of the above, please describe: _____ Special Diet? _____ Date of last Tetanus Shot? _____ Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____ Other? _____
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Person to Notify in **Event of Emergency**: _____ Relationship to You: _____
 Phone Number of Contact Person: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____
 Family Physician: _____ Phone: (_____) _____
 Medical Insurance Co.: _____ Plan or Group #: _____
 Insured ID or Member #: _____ Ins. Co. Phone #: (_____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

PASTOR, STAFF, GROUP DIRECTOR STATEMENT
(State Law Requirement)

The person above is known by me. To my knowledge, this person has not been convicted of any crimes committed against minors in his/her back-ground. I assume full responsibility for this person serving as a camp sponsor working with minors.

X _____
Signature of Pastor, Staff Member, or Group Director Date

IMPORTANT... SEE ADDITIONAL PAGES FOR MANDATORY RELEASE and CAMP RULES 

CAMP RULES

- All medications are to be listed on the Registration/Medical Release form. All medications must be in original bottle and/or container. Students are not to share any medications, including over-the-counter medications.***
- Students are not permitted to remain in their dorm rooms without adult supervision.
- Prank supplies are not allowed (e.g. shaving cream, body paint, water balloons, water guns/blasters, flour, confetti, silly string, etc.). There are no exceptions.
- At no time is a student to go to the lake without adult supervision. No one is allowed in the water at any time other than during specified waterfront times approved by LTCRC and in specified waterfront areas under LTCRC lifeguard supervision. Lifejackets are required for certain lake-front activities, regardless of a person's age or water safety ability.
- No one is allowed on the ropes course (Tower or any part of the Zip line or Poles) at any time other than during specified ropes course times approved by LTCRC and under LTCRC supervision.
- Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are NOT allowed.
- Campers are expected to reflect a Christian example by their dress. Shorts can be worn to worship but must be longer than the arm and hand when extended down the side of the person. Modest skirts and dresses are acceptable in worship, and jeans are always acceptable. Immodest shorts or tops, spaghetti strap tops, distasteful designs or messages, and other extreme clothes are not acceptable at any time. Only one-piece swimsuits are allowed. Bikinis, French cut or one piece resembling two-piece swimwear will require a dark colored t-shirt to be worn over them. Campers may be asked to change their attire if an adult feels their dress is inappropriate. **SHOES MUST BE WORN AT ALL TIMES.**
- Refrain from Public Display of Affection with others.
- Under NO circumstances are girls to be in guys rooms or guys in girls rooms.
- No fighting is allowed.
- Students are to respect all adult leaders and follow their instructions. All adults—members of LTCRC leadership team, church leadership teams, and adult volunteers—are in places of authority over all students. They have been trained in how to guide students for each particular event.
- Everyone must attend all scheduled events. If your group is in an activity, whether in the classroom or on the athletic field, you must be with them.
- Campers MUST be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
- Guests are not allowed to bring pets on campus.

AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

SAN JACINTO BAPTIST ASSOCIATION d/b/a LAKE TOMAHAWK CHRISTIAN RETREAT CENTER hereinafter referred to as the "Camp" or "LTCRC" requires signatures below for all attendees of the Camp and all participants in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative challenges, and/or other rigorous physical adventure activities as well as exposure to the elements, including animals, snakes and insects. Camp takes all reasonable precautions to ensure you have a safe and enjoyable experience. Part of the experience can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper, with permission, or the adult attendant. If there is attendance at the Camp and participation at any level in any Camp activity, there is a risk, which must be assumed by each Camper, with permission, and/or Attendee participating in the Camp activity. Depending on the programming designed by your Church or Group Sponsors, the Camp activities may include some or all of the following rigorous physical activities:

Waterfront:

Water Crafts, including canoes and paddle boats, Swimming, Water Toys, including but not limited to Waterslides, Water trampoline, Climbing structures and the Blob. Access to some of these water toys includes climbing heights anywhere from 12 feet to 25 feet. Access to the Wet Willy slide requires climbing the tower stairs, which extend 25 feet above the ground. The Blob climbing tower is 17 feet above the water.

While the Camp provides life jackets and/or vests for all waterfront activities (with the exception of the swimming area for those swimmers demonstrating sufficient swimming proficiency as determined by the Camp) as well as certified lifeguards during all scheduled waterfront activities, inherent risks associated with participation in waterfront activities in any natural body of water range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

Rock Climbing Walls and Ziplines:

As a component of the Camp's Challenge Course, two rock climbing walls may be used as a component of your Church or Group's programming. These rock climbing walls permit campers and adult participants to climb to heights of 40 feet above the ground. Rock climbing harnesses and spotters will be utilized during this activity. In addition, Ziplines extending 900 feet over the lake require climbing a tower 55 feet high before ziplining across a portion of the lake to the endpoint, 12 feet above the ground. The Ziplines and Rock climbing walls are supervised by certified camp instructors and appropriate harnesses and equipment will be utilized on the ziplines.

While the Camp provides appropriate safety equipment and certified staff during all scheduled rock climbing and ziplining activities, inherent risks associated with participation in rock climbing and ziplining activities may range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

Recreational Sports and Outdoor Activities:

Additional programming by your Church or Group may include camp activities including Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports, activities and games. Your participation in said recreational sports and activities is at your own risk. While unlikely, risks associated with participation in said activities range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

IMPORTANT... SEE ADDITIONAL PAGE FOR MANDATORY RELEASE and SIGNATURE:



AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY (Continued)

In order to participate in each of the three categories of Camp activities described above, your consent to release the Camp from any liability, including liability as a result of the Camp’s own negligence, is required by the adult participant or the parent or legal guardian of a minor participant. Absent completion of all documentation, participation in Camp activities is prohibited.

"I UNDERSTAND THAT ATTENDANCE AT THE CAMP AND PARTICIPATION IN ANY CAMP ACTIVITY MAY BE PHYSICALLY AND EMOTIONALLY DEMANDING. I RECOGNIZE THE INHERENT RISK OF PHYSICAL AND/OR EMOTIONAL INJURY OF ATTENDING CAMP AND PARTICIPATING IN ANY AND/OR ALL CAMP ACTIVITIES. I UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF ANY INJURY, PHYSICAL AND/OR EMOTIONAL, AND ANY FINANCIAL RESPONSIBILITY THAT COULD RESULT FROM ATTENDING CAMP AND PARTICIPATING IN ANY CAMP ACTIVITY. I AGREE TO ASSUME SUCH RISKS AND SUCH RESPONSIBILITY. I, ON MY BEHALF, AND ON BEHALF OF MY HEIRS AND ASSIGNS, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND HOLD LTCRC HARMLESS FROM ANY AND ALL CLAIMS, PHYSICAL AND EMOTIONAL, INCLUDING BODILY INJURY, I SUSTAIN IN CONNECTION WITH MY ATTENDANCE AT CAMP AND MY PARTICIPATION IN ANY AND ALL CAMP ACTIVITIES, INCLUDING WATERFRONT ACTIVITIES, ROCK CLIMBING AND ZIPLINING AND/OR RECREATIONAL AND OUTDOOR ACTIVITIES. SPECIFICALLY, I HEREBY INTEND TO FULLY RELEASE, DISCHARGE, INDEMNIFY AND HOLD LTCRC, ITS OWNERS, OPERATORS, MEMBERS, MANAGERS, EMPLOYEES, TRUSTEES, INSURERS AND STAFF HARMLESS FROM ALL SAID CLAIMS OR INJURIES, INCLUDING DEATH, WHETHER KNOWN OR UNKNOWN, TEMPORARY OR PERMANENT, ARISING OUT OF LTCRC’S OWN NEGLIGENCE, BREACH OF DUTY, MISREPRESENTATIONS, NEGLIGENT OR OTHERWISE, AND/OR ARISING OUT OF THE CONDITION OF ITS PREMISES."

I understand the directors of Lake Tomahawk Christian Retreat Center reserve the right to dismiss, without refund, any participant whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Lake Tomahawk Christian Retreat Center programs.

RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO AND RELATED MEDIA FORMATS TO CAMP:

Please acknowledge your release of the Camp to photograph and/or use photographs of you in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. Please mark the appropriate box:

Permission Granted

Permission Denied

REQUIRED SIGNATURE:

The signature provided confirms I have read the Camp Rules, the Agreement to Participate and Release of Liability, the Release of Photographs, Video, Audio and Related Media Formats (or had someone read them to me) and freely and voluntarily agree to the terms and conditions of this Release in order to participate in any and all Camp Activities unless specified above. I acknowledge the information I have given is correct to the best of my knowledge. Furthermore, I give permission for Lake Tomahawk Christian Retreat Center staff to provide and authorize any medical treatment necessary.

X _____
Required Participant Signature

Print Name Clearly

Date