

T-shirt Size  
Adult: S, M, L, XL, XXL, XXL

**For Office Use Only**

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Church \_\_\_\_\_  
Paid \$ \_\_\_\_\_ Date \_\_\_\_\_  
Paid In full- Date \_\_\_\_\_

**Adult / Leader/Sponsor  
Registration/Consent and Release Form  
& Medication Instructions/Dosage Chart**  
(18 years of age and over)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender : Male \_\_\_\_\_ Female \_\_\_\_\_

I am attending with \_\_\_\_\_ Church

Please check here \_\_\_\_\_ if you do not want to be added to Riverbend's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include \_\_\_\_\_

Physician Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency attach extra sheet if necessary) \_\_\_\_\_

Allergies: \_\_\_\_\_

\*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give Permission for the Camp Health Officer to give the over-the-counter medications I have circled in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant  
Cough Medicine Anti-Nausea Anti-Diarrhea

I understand that medical care is provided by the group I am attending with and not by Riverbend Retreat Center. In an emergency, please contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Name of Medication Dosage Frequency / Time(s) Comments**

Name of Medication	Dosage	Frequency / Time(s)	Comments

**All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.**

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff, Camp Health Officer or Group Leader to make emergency medical decisions for me. I understand that my personal insurance is used as primary coverage. Riverbend's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Last Name : \_\_\_\_\_ , First Name: \_\_\_\_\_

Church/Group: \_\_\_\_\_

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED WHILE AT RIVERBEND RETREAT CENTER, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Tarrant Baptist Association and Riverbend Retreat Center, and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Group Leadership, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I further give permission and consent to Riverbend Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

**I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood. This release shall remain in form until revoked. I agree to inform NRHBC Immediately in writing if any information provided herein changes.**

Name of Insurance: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance in name of: \_\_\_\_\_ Insurance Policy # \_\_\_\_\_ Insured's S.S. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOOD ALLERGY & SPECIAL DIETARY NEED

Please Use Separate Page for Each Person

Fax Completed Form to 254.897.3960 Two Weeks Prior to Arrival

Name of Camp: \_\_\_\_\_

Dates: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Church: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is parent attending camp with child? \_\_\_\_\_,

If not, please list name of adult sponsor

List allergies or explain special dietary needs:

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Is camper aware of his/her allergies? \_\_\_\_\_

Is camper able to monitor his/her own food requirements? \_\_\_\_\_

Is child bringing some of his/her own food? \_\_\_\_\_ if so please list below:

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A special place is designated in the kitchen for camper to keep his/her own food.

Riverbend understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to call Zak Bass, Food Service Director, to discuss any needs or questions you may have. He can be reached at 888.269.2363 ext. 17 or [zak@riverbendretreat.org](mailto:zak@riverbendretreat.org).