

Adult / Leader/Sponsor
Registration/Consent and Release Form
(18 years of age and over)

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone #: _____

I am attending with _____
Please check here _____ if you do not want to be added to Riverbend's newsletter, mail-outs, etc.
Medical conditions relevant to group leader include _____

In case of an emergency, please contact _____
Phone # (Home): _____ (Cell/Work): _____

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff or Group Leader to make emergency medical decisions for me. I understand that my insurance will be the primary insurance for all accidents and illnesses. Riverbend does provide a secondary insurance for accidents only up to \$5,000. Insurance will not cover any illnesses or any pre-existing conditions such as asthma or other chronic illnesses. 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.

Family physician: _____ Phone #: _____

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 out of or related to this agreement or related to my participation at Riverbend Retreat Center shall be exclusively 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.

Insurance in Name of: _____

Insurance Policy #: _____

Company: _____ Phone #: _____

Address: _____ City _____ St _____ Zip _____

Signature: _____ Date: _____