



Participant Registration & Release Form

4341 FM 356 • Trinity, TX 75862 • 936-594-5011 • www.trinitypines.org

INSTRUCTIONS: Complete a separate form for each person attending. All requested information is applicable. Type or print legibly in dark ink.

Name: _____
First Middle Last Suffix (indicate name used)

Mailing Address: _____
Street City State Zip

Birth Date: ____/____/____ Age: _____ Sex: (M/F) _____ Home Phone: (____) _____
Mo. Day Year

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

If attendee is a minor: Parent / Guardian: _____ Relation to Camper: _____

Parent / Guardian Phone #: Daytime (____) _____ Evening (____) _____ Other (____) _____

Parent/Guardian Email: _____

Diseases, Chronic or Recurring Illness (such as diabetes, asthma, seizures): _____

Allergies (food, medications, insect sting, other) _____

By signing below, I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: acetaminophen, ibuprofen, antihistamine, decongestant, cough medicine, anti-nausea, anti-diarrheal, and antibacterial ointment.

Exceptions: _____

If parent cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____ Relation to Participant: _____

Name: _____ Phone #: _____ Relation to Participant: _____

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, activities such as volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and an adventure course with zip lines, high and low elements (collectively referred to as the "Activities"). I authorize the use of my or my child's photograph or video on the Trinity Pines electronic and print media for updates, communication, and marketing.

I am aware that, being in close contact with other campers and staff, whether church staff, counselors, recreational staff, Trinity Pines staff, agents, or contractors, I may be exposed to one or more viral infections or other infectious diseases. I acknowledge and understand the risks associated with any and all such infectious diseases, as well as preventative measures utilized to slow and/or prevent the spread of such infectious diseases, including but not limited to frequent hand washing, social distancing and use of face masks in public locations, and I hereby willingly choose to participate in the Activities.

In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities in a special environment, I have and do hereby hold Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I certify that I/my child are current on required immunizations, or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

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.

X

Participant Signature

Date

X

Parent or Legal Guardian Signature (if minor)

Date

MEDICATION ADMINISTRATION FORM

(Accompanies All Medications)

All medications must be accompanied by this authorization form and given to the church contact person who will be responsible for bringing all medication and forms to the TPCC office for review by our Medical Staff.

- Place all medications in a large Ziploc bag with your child's name and church name.
- Prescriptions must be in the original container with the campers' name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) will be kept and closely guarded by camper and one (1) given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.

TPCC staff request that you **do not** send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name: _____ Birth date: ____/____/____ Age: ____ Sex: ____ Male ____ Female

Church Name: _____ Church City & State: _____

☐ As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

X

Parents/Guardian Signature Date (_____) (_____) Daytime Phone # Evening Phone #

OR

☐ As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

X

Adult Camper / Sponsor/Staff Date

Medication	Form (tablet, capsule, liquid, inhaler)	Dosage (amount to be given)	Frequency (how often)	Purpose	Comment or Special Instructions

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication.