



GUEST CONSENT AND RELEASE FORM

Dates Arriving: **07/5/2018 to 07/9/2018**

Group/family: **The Family Church Summer 2018**

Name _____

Email Address _____

Cell Phone: _____

Phone: _____

Signature: _____

Date: _____

Signature of Parent or Legal Guardian if under 18: _____

I will be attending Tejas Ministries, Inc. {hereinafter referred to as "Tejas", and as further defined below} on the dates listed above. At all times when I am at Tejas I acknowledge that I will be under the direct supervision of group listed above {herein known as the "Sponsoring Organization"}.

I, for myself and/or the minor I am responsible for, our heirs, personal representatives and assigns, do hereby release, waive, indemnify, and discharge Tejas, its owners, directors, partners, officers, agents, representatives and employees, from LIABILITY from ANY and ALL claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, Tejas' negligence, my actions, and/or the actions taken by my Sponsoring Organization while I am at Tejas, and I further hereby covenant not to sue Tejas or its owners, directors, partners, officers, agents, representatives and employees for any such claim.

I, for myself and/or the minor I am responsible for, agree to indemnify and HOLD HARMLESS Tejas and its owners, directors, partners, officers, agents, representatives and employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by me or any other person or entity as a result of Tejas' negligence, my actions, and/or the actions taken by my Sponsoring Organization while I am at Tejas, and I agree to reimburse Tejas and its owners, directors, partners, officers, agents, representatives and employees, as applicable, for any such expenses incurred.

I authorize Tejas to make arrangements for, or give any medical attention to me as Tejas deems necessary under the circumstances, at the sole discretion of Tejas. I also give permission to any medical care providers summoned by Tejas, including every doctor or other medical professional, to hospitalize me and/or secure such other medical treatment as Tejas and the medical professional deem appropriate. I further understand that emergency medical treatment may be difficult to obtain, and in some instances appropriate treatment may be delayed because Tejas is located in a country setting miles away from an incorporated town and/or hospital. I release, waive, indemnify and hold harmless Tejas from any harm that is occasioned me due to any delay in treatment of a medical condition.

I understand, and agree to assume all risks which I may encounter while at Tejas, including activities preliminary to my visit, while I am at Tejas and subsequent thereto. I understand and assume all risks for activities I engage in while I am a guest at Tejas, recognizing and acknowledging that many of these activities that I undertake at Tejas are inherently dangerous such as riding a zip line, swimming in a lake, swimming in a pool, hiking, shooting bows and arrows, and other such related activities. I release, waive, indemnify and hold harmless Tejas, their officers, directors, agents, employees, affiliates, volunteers and representatives {sometimes either defined and/or referred to herein collectively as "Tejas" or "Indemnified Parties"} from and against all liability, damages, causes of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, medical costs, and like expenses, which may be related to any injury or death to me, or any person related to me. I also release, indemnify and hold harmless Tejas, and the Indemnified Parties from any loss or damage to property, including loss of use thereof, caused in whole or in part by Tejas or the Sponsoring Organization, whether such loss was caused in whole or in part by negligence of the Indemnified Parties, or any one or more of them. This release, however, will not apply in the event of willful misconduct.

I further give my permission and consent to Tejas to use any photograph, or video taken of me while at Tejas for any purpose. I also give my permission to Tejas to use any interview of me, which is reduced to writing, or kept in an audio recording, using whatever platform. Such photographs, videos and/or audio recordings may be published by Tejas for the purpose of illustrating Tejas, reporting on Tejas activities, or for the purpose of promoting and advertising Tejas. My permission extends to Tejas to use photographs, videos or audio recordings of me however they see fit in every kind of media, including, but not limited to, print media, broadcast media, and on the internet, Facebook, Twitter and any other website based platform that is used by Tejas to report on Tejas to the general public, and/or for internal purposes - including training. I assign full copyright authority to Tejas for photographs, videos or audio recordings of me and claim no interest in the reproduction of these media resources either wholly or in part. I agree that photographs, videos and/or audio recordings can be used separately, or together, whole or in part, in any medium at the sole discretion of Tejas.

Should any dispute arise from this agreement, I agree to first seek to mediate such dispute in good faith with a qualified mediator acceptable to Tejas and me. Should we not be able to agree on a mediator, I agree that the Senior District Judge in Lee County, Texas will appoint a mediator to mediate the dispute. I also agree that venue for any dispute, or cause of action, arising by and between the parties, whether arising out of this agreement or otherwise, can only be brought in a court of competent jurisdiction in Lee County, Texas, exclusively, and exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, indemnity and hold harmless 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, I agree that the balance of this agreement shall, notwithstanding, continue in full force and legal effect. I also agree that in the event I take any legal action against Tejas, which is decided in favor of Tejas, I agree to be responsible for all legal fees, court costs and out of pocket expenses incurred by Tejas. This release, waiver, indemnity and hold harmless agreement is the entire agreement by and between the parties hereto and the terms of this release, waiver, indemnity and hold harmless agreement are contractual and not merely a recital.

I further state that I have carefully read the forgoing, I have been given full opportunity to consult with an attorney of my choosing, and having done so I sign this release, waiver, indemnity and hold harmless agreement as my own free act. I acknowledge that this is a legally binding document, which I have read, understood and accept to be fully bound by from and on the date of the signing of this agreement and thereafter.



RX Form The Family Church



Youth's Name: _____ Age: _____ DOB: ___/___/____ Weight: _____

I authorize the chaperones and acting agents of **The Family Church** to administer the following medication to my child while under their care at **Camp Tejas**. As per the **Liability Release Form**, I agree to hold harmless from any and all liability, claims or demands from personal injury, sickness or death.

MEDICATION(s):

1. Name of RX: _____

Dosage: _____

Explicit Instructions/Side Effects : _____

2. Name of RX: _____

Dosage: _____

Explicit Instructions/Side Effects _____

I authorize the chaperones and acting agents of **The Family Church** to administer the following over the counter medication to my child while under their care at **Camp Tejas in Giddings, TX**. As per the **Liability Release Form**, I agree to hold harmless from any and all liability, claims or demands from personal injury, sickness or death.

Tylenol

Pepto Bismal

Other (please list)

Advil

Motion Sickness

1. _____

Benedryl

Cough Medicine

2. _____

3. _____

Please list **ALL DRUGS** that your child is allergic to or **SHOULD NOT** be given under any circumstance:

1. _____

3. _____

2. _____

4. _____

Signature of Parent: _____

Date: ___/___/____





Rules For Camper The Family Church

Parents and campers, please read the following rules.

- If a camper is dressed inappropriately, they will be asked to change and not to wear the item again. We will be playing games and getting dirty in the afternoons, so make sure that you have plenty of clothes to get dirty in!
- You must let your leader know where you are at all times.
- No going into the opposite sex's dorms for any reason.
- It is mandatory that all campers are involved in the services and team activities.
- Campers are not allowed to wander off. They must stay with their camp counselor or group at all times.
- A male camper and female camper are not allowed to be alone together at any time.
- There is no public display of affection between couples including: hugging, kissing, holding hands, etc.
- No departing the camp grounds without proper supervision or permission.
- No Cell Phones are allowed. They will be picked up 10 minutes before arriving to camp. They will be given back on the last day of camp.
- Lanyards/name tags must be worn at all times except during water activities.
- No running in dorms
- No pillow fights or any other type of horseplay.
- "LIGHTS OUT" means lights out.
- NO SWEARING.
- NO FIGHTING.
- No possession of drugs, alcohol, or tobacco products.
- No possession of weapons of any kind (guns, knives, etc.).
- No possession of fireworks or explosives.

If the camper breaks any of these rules there will be consequences for their actions. If the TFC Staff determines the camper is to be sent home, it will be the responsibility and the cost of the parent or guardian to pick up the camper. By signing this form, you are agreeing to the rules that have been stated.

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____





Parental Consent Form Summer Camp

**** PLEASE PRINT ****

_____ / /
Full Name Goes By (name) D.O.B.

_____ _____
Gender Age Grade (fall '17) Student Cell # T-shirt Size

_____ _____
Student E-mail Current School

_____ _____
Home Address Home Phone #

_____ _____
City State Zip Code

_____ _____
Mother's Name Father's Name

_____ _____
Mother's Cell # Father's Cell #

_____ _____
Parent E-mail

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, to attend and participate in **Camp Tejas** co-sponsored by **The Family Church, June 15th - June 19th, 2017.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities co-sponsored by **THE FAMILY CHURCH and Camp Tejas.**

Hospital Insurance: Yes No

Insurance Company: _____ Physician's Name: _____

Policy Number: _____ Physician's Phone #: _____

Emergency Phone #: _____ Relation to Youth: _____

Please list any allergies or special medical problems (past or present) your child may have.

**** PLEASE FILL OUT BACK OF FORM ****





Liability Release Form Summer Camp

In consideration of participating in activities sponsored by **The Family Church and Camp Tejas**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **The Family Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above describe trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or other wise, we (I) hereby assume all transportation costs.

Print name of participant: _____



**If two-parent signature is not possible, the document MUST be notarized.
If under 21, parents must sign unless parents are separated or divorced, in which case the legal guardian/ custodial parent must sign.**

*** Only participant needs to sign if 21 years of age or older ***

Father (print name) (signature) / /
Date

Mother (print name) (signature) / /
Date

Legal Guardian/ Custodial Parent (print name) (signature) / /
Date

Participant, if age 21 or older (print name) (signature) / /
Date

Parent(s) telephone

Emergency Contact (print name) Relation to child Contact number

Church Office: (956) 682-2092

Notary signature: _____

Date: ___/___/_____

