CHECK-IN SHEET #2

Name of Organization:
_____
_____

TIMBERLINE BAPTIST CAMP AND CONFERENCE CENTER, INC.
15363 FM 849, Lindale, Texas 75771-2410
Phone: 903-882-3183 Fax: 903-882-3184

Date of Activity:
_____

Agreement To Participate
Assumption of Risk and Release

RELEASE MUST BE SIGNED IN INK

Name of Participant:		Date of Birth:		Age:			
Address:							
City:		State:		Zip:		Phone Number:	
Persons to be contacted in case of emergency:							
Name:		Relationship:		Phone #			
Name:		Relationship:		Phone #			
Family Physician:		Phone:					
Insurance Co.		ID Number:		Group #			
Insured's Name:		Insured's SS#					

HEALTH HISTORY (Circle appropriate answer and describe any YES answers) *Please Describe*

1. Have you had or do you have any heart problems? NO……YES
2. Do you frequently suffer from pains in your chest? NO……YES
3. Do you often feel faint or have spells of severe dizziness? NO……YES
4. Has a doctor ever told you that you have high blood pressure? NO……YES
5. Do you have arthritis joint or back problems that might be aggravated by exercise? NO……YES
6. Have you had any operations or serious injuries? Please give dates. NO……YES
7. Do you have any disabilities or chronic recurring illness? NO……YES
8. Are there any activities to be limited or discouraged by physician's advice? NO……YES
9. Are you allergic to any medicines, insects or pollen? If yes, please list below NO……YES
10. Do you have epilepsy? NO……YES
11. Do you have diabetes? NO……YES
12. Do you have any prescribed meal plan or dietary restrictions? NO……YES
13. Last date of Tetanus/Diphtheria_____ NO……YES
14. What medical conditions are you currently treated for: _____
15. List all medication you are currently taking: _____
16. Please give a statement of current health (list all allergies): _____

_____

The proposed Recreational Activities, including but not limited to: Challenge Course Activities, Paintball, or Horseback Riding, provided by Timberline require participation in physical exercises which are, by their nature, demanding. Many of the activities will challenge you and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

I am aware that during my participation in recreation at Timberline upon my request certain risks and danger may occur. These include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons concerning this special environment. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Timberline and its staff. The terms hereof shall serve as a Release and Assumption of Risk for my heirs, executors, and administrators and for all members of my family.

This form gives Timberline permission to take my child's picture, individually or in a group, and publish it for promotional purposes only.
I DO NOT give permission to take pictures. _____ (Initials of Participant/Parent or Guardian)

Timberline reserves the right to not allow any individual and/or group which presents itself as a liability risk to participate in this program. This is at the sole discretion of the Timberline staff.

In case of accident or illness Timberline will attempt to provide first aid and arrange transportation to medical services, if needed. Timberline does have limited secondary insurance.

Assumption Of Risk And Release Form must be completely filled out and signed by the participant and by parent or legal guardian (for children under 18). These forms must be given to Timberline staff upon arrival to Timberline. Failure to circle "EXCLUDING" gives consent to participate in these activities. The health history above is correct, so far as I know, and I believe that my health is satisfactory to participate in all scheduled activities,

EXCLUDING the Challenge Course activities
EXCLUDING Paintball
EXCLUDING Rappelling and/or Rockwall
EXCLUDING Horseback Riding.

I, _____, the parent or guardian of _____, my child, authorize
Victory Baptist Church's physician, nurse, or authorized personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency 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. I hereby release, indemnify and hold harmless Victory Baptist Church, and Timberline Baptist Camp, its agents and employees, from and against any and all claims, liabilities, or negligence of any such health care provider or of Victory Baptist Church and Timberline Baptist Camp, its agents and employees.

Date: _____ Signature of Participant: _____
Date: _____ Signature of Parent/Guardian *(if Participant is under 18 years of age):* _____