



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

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

Have you ever been convicted of a felony, misdemeanor, or sexual offense?  Yes  No

In case of an emergency, please contact \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

If I am unable to make a decision on my own behalf regarding medical care, I authorize Sabine Creek Ranch Staff, Camp Health Officer or Group Leader to make emergency medical decisions for me. Sabine Creek'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 SABINE CREEK RANCH, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Sabine Creek Ranch and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of actions, 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 an 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 Sabine Creek Ranch 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 Sabine Creek Ranch 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 to not prosecute or to institute proceedings, claims or demands against Sabine Creek Ranch or any of their employees related to any actions of Sabine Creek Ranch taken in accordance with this paragraph.**

Sabine Creek Ranch shall be exclusively in a court of competent jurisdiction located in Rockwall 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 help 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 \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

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