

# Resonate 2019 Student Camper Release and Waiver of Claims Form

Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed in school as of 6/20/19: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ School attending this fall: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does camper have any known allergies or is camper unable to take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

2. Does camper presently take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medications? \_\_\_\_\_ For what reason? \_\_\_\_\_

3. List any other medical condition(s) that would be helpful to know about: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named child has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card): City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: \_\_\_\_\_

• My child, \_\_\_\_\_ will be attending Resonate 2019. Resonate is a joint venture between the Baptist General Convention of Oklahoma ("BGCO") and Oklahoma Baptist University ("OBU"). In the event that my child should need emergency medical care or attention, the BGCO or OBU staff, or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the BGCO or OBU will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the BGCO nor OBU is responsible for the action of these third party contractors. I further agree that neither the BGCO nor OBU is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such activity.

Furthermore, in consideration of my child being allowed to attend Resonate, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the BGCO, OBU, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the BGCO, OBU, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of activities at Resonate, and (2) injuries arising from the decision of the leadership of The BGCO, OBU, or any of their agents or employees to consent to the provision of emergency medical care to my child.

• I understand that my child's image may be included in a video or in photographs that may be made during camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to the BGCO, OBU, and any of their staff or agents to inspect my child's belongings while at Resonate.

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

All students attending Resonate must have a parent or guardian complete and sign this release form.

**Please return this form at registration to the Resonate staff on the first day of camp along with a copy of your insurance card.**