

INSURANCE AGREEMENT

In consideration of your accepting me or my child for participation in the camp program, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I may have against Twin Rivers Baptist Church and its agents, employees, representatives, successors, and assigns for any and all injuries or damages suffered by myself or my child that arise out of the camp program sponsored by Twin Rivers Baptist Church.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Twin Rivers Baptist Church harmless of and from any and all such liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against Twin Rivers Baptist Church for damages arising out of the camp program, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

In the event I cannot be reached in an emergency in a reasonable amount of time, I hereby give permission to the physician selected by Twin Rivers Baptist Church to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also fully understand that, concerning insurance coverage, my insurance shall be primary and Twin Rivers Baptist Church's shall be secondary. For insurance purposes, this means that all claims must be submitted to the parents'/guardians' insurance carrier first, then the unpaid balance will be paid by the church's carrier.

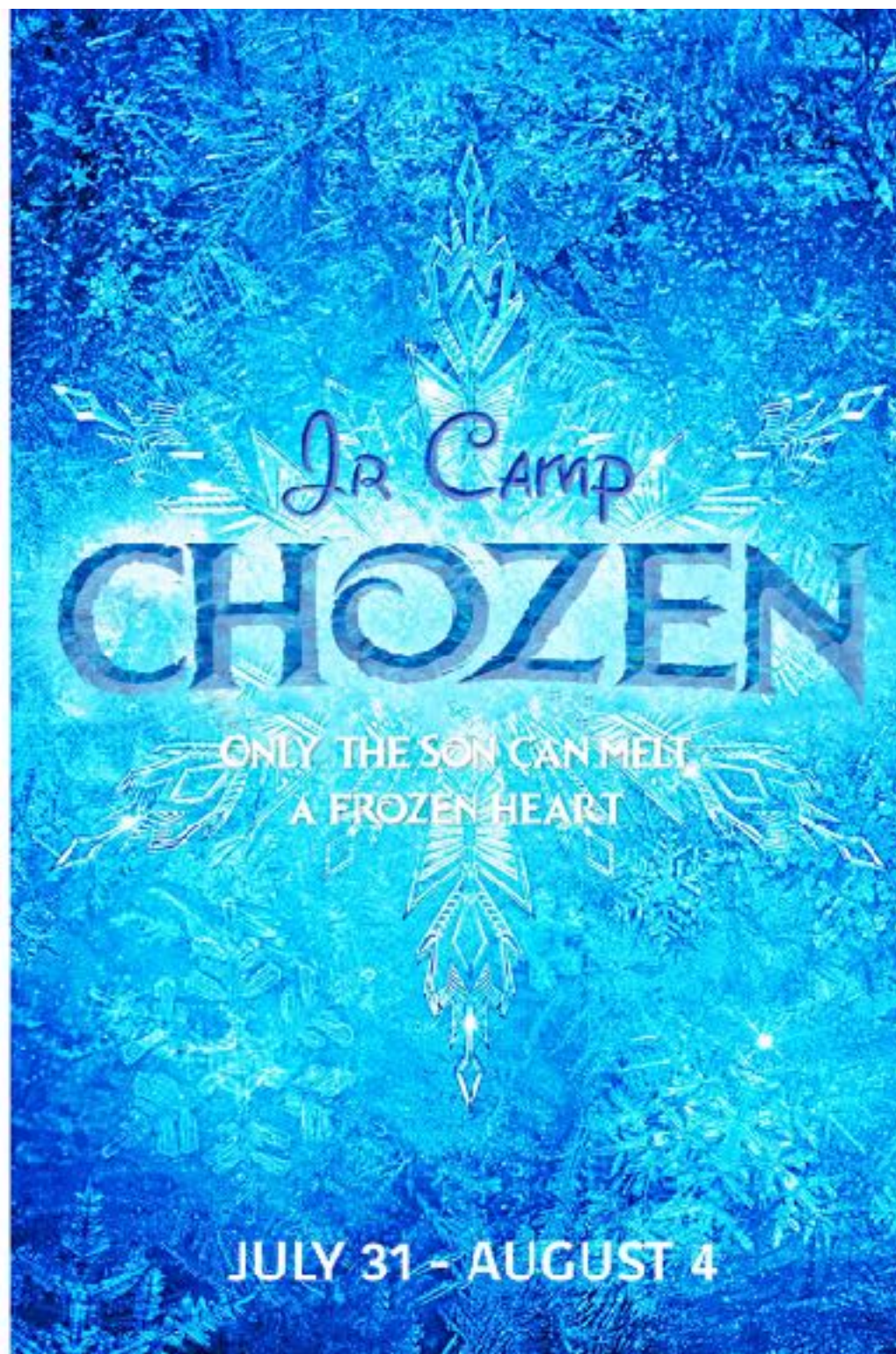
SIGNATURES

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

X _____
Parent/Guardian Signature Date

I have read the general information section in this brochure,
and I agree to comply with the dress and conduct regulations
while at camp.

X _____
Camper Signature Date



\$70 (IF REGISTERED BY JULY 2,
\$80 AFTER THAT)

- CAMP WILL BEGIN WITH LUNCH ON MONDAY AT NOON AND WILL END ON FRIDAY AROUND NOON.
- CAMP HERVIDA WATERFORD, OH
- \$25 NON REFUNDABLE DEPOSIT IS DUE WITH THE FORM

REGULATIONS

Campers are expected to stay entire time. Make any doctor's appointments, family outings, etc., another week. Unless an emergency, we ask no visits or phone calls be made during week. Campers are to abide by rules and participate in all activities. A high standard of Christian conduct is held including a dress code. Failure to abide by rules means immediate dismissal. Please understand these regulations before coming!

DRESS STANDARDS

Campers are expected to dress modestly. For the girls this includes loose fitting jeans or slacks, shorts that cover the knee, culottes, and knee-length skirts or dresses. No sundresses or immodest tops please. For the guys this includes jeans, pants, and shorts to the knee. No tank tops or muscle shirts please.

For evening chapel services, girls will be expected to wear knee-length skirts or dresses and boys will be expected to wear a collared shirt.

WHAT TO BRING

- KJV BIBLE
- NOTEBOOK/PENS
- TOWELS/WASHCLOTH
- SWIM TRUNKS (GIRLS)
- PIECE SWIMSUIT (BOYS)
- TOOTHBRUSH
- TOOTHPASTE
- JACKET
- SHAMPOO
- ROBE OR BEACH TOWEL
- FLASHLIGHT
- SNACK SHOP MONEY
- INSECT SPRAY
- CHAPEL CLOTHES
- OLD TENNIS SHOES
- PILLOW
- SLEEPING BAG OR BEDDING

WHAT NOT TO BRING

- BAD ATTITUDES
- CELL PHONES
- CD PLAYERS
- VIDEO GAMES
- MAGAZINES
- BOOKS
- FIRECRACKERS
- DANGEROUS ITEMS

ATTENTION

This registration form MUST include a \$25 NON-REFUNDABLE deposit. The balance is due BEFORE departing for camp.

OFFICE USE

Check # _____
Balance _____
Date rec'd _____

GENERAL INFORMATION

Name _____ Grade _____ M or F
Birthday ___/___/___ Church Attending _____
Father's Name _____ Mother's Name _____
Address _____
City _____ State _____ Zipcode _____
Cell Phone _____ T-Shirt Size _____
Cabin Mate Request (Only 1 Please) _____

Note: Cabin mates must request each other! Sorry there are NO guarantees

MEDICAL INFORMATION

Insurance Company (required) _____
Family Doctor _____ Doctor's Phone # _____
Medications Taken Regularly _____
Special Problems or Conditions _____
(i.e. sleep walker, falling out of bed, etc.)
Allergic Reactions: _____
Activities to be Restricted _____
Date of Last Tetanus Shot _____

[PLEASE NOTE: Tetanus Shot should be within the past ten years.]

PICK UP INFORMATION

I authorize my child to be picked up by the following:
(family members, friends, church, etc.)
