



# Highland Lakes Camp & Conference Center

5902 Pace Bend Road North \* Spicewood, TX 78669  
Phone: (512) 264-1777, (888)222-3482 Fax: 512.264.2794  
[www.highlandlakescamp.org](http://www.highlandlakescamp.org) e-mail: [info@highlandlakescamp.org](mailto:info@highlandlakescamp.org)

**Please complete both front & back of form. Form will be collected upon arrival of event.**

## ADULT MEDICAL / LIABILITY RELEASE FORM

**INSTRUCTIONS:** Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print in Dark Ink. The **COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities.** Upon arrival the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept and become a document of permanent HLCCC record.

EVENT NAME \_\_\_\_\_ EVENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult's Name: \_\_\_\_\_  
First Middle Last (indicate name used)

Mailing Address: \_\_\_\_\_  
City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_  
Month Day Year

Home Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Church or Group with whom you are attending: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ City: \_\_\_\_\_

### MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the below requested information. Please make certain that you have provided thorough and accurate medical information.

<p>Medications you take for current medical condition (asthma, allergies, etc.) _____</p> <p>Medications you take occasionally (headaches, etc.) _____</p> <p>Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</b></p>	<p><b>Health Information:</b> Do you have, or have you had:</p> <p>Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES to any of the above, please describe: _____</p> <p>Special Diet? _____</p> <p>Date of last Tetanus Shot? _____</p> <p>Allergies: Food? _____ Drugs? _____</p> <p>Insect Stings/Bites? _____ Other? _____</p>
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Person to Notify in **Event of Emergency:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number of Contact Person: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Insured ID or Member #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_

### ADULT AGREEMENT

I, \_\_\_\_\_, acknowledge the above information is correct to the best of my knowledge. Furthermore, I give permission for Highland Lakes Baptist Encampment staff to provide and authorize any medical treatment necessary.

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

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

**HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP & CONFERENCE CENTER** hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Encampment d/b/a Highland Lake Camp and Conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name in the attached sheet). I understand the directors of Highland Lakes Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Encampment programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document."

\_\_\_\_\_  
Signature of Attendee/Participant

\_\_\_\_\_  
Date

## HLCCC POLICIES

1. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
2. Appropriate dress attire is expected.
3. All snack items must be stored in sealable containers. Cooking in the bunkhouse or meeting room is prohibited.
4. Guests are not allowed to bring pets on campus. No pets in the bunkhouse, motels, or meeting rooms.