

**\*\*\*PLEASE RETURN THE COMPLETED FORMS TO YOUTH MINISTRY WITH YOUR REGISTRATION CHECK ATTACHED.\*\*\*  
(ONLY ONE COPY REQUIRED PER FAMILY)**

<b>Winter Retreat 2011 Registration</b>			
<b>Family Last Name</b>			
<b>Emergency Contact Number</b>			
<b>First Name</b>	<b>Grade</b>	<b>Riding Bus? (Y/N)</b>	<b>Any food allergies we should be aware of?</b>

**\*Make checks payable to Austin Chinese Church, and write "Winter Retreat 2011" on the memo**

**Austin Chinese Church  
MEDICAL AUTHORIZATION AND RELEASE FORM  
For Youth Winter Retreat from December 16<sup>th</sup>-18<sup>th</sup>, 2011**

Child(ren)'s Name(s): \_\_\_\_\_ (Listed Above) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Should it be necessary for my child(ren) to have medical treatment while participating in a church activity, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

In addition, I will not hold Austin Chinese Church it's pastoral staff, governing board, counselors, and any volunteer leader responsible in the event of any other emergency involving my child.

\_\_\_\_\_  
Parent's or Guardian's Signature

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

Note: Medical authorization will only be used if parents or guardians cannot be reached during a medical emergency.

**Camp Buckner Hill Country Retreat Center  
Indemnification Release Form**

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that the parent(s) and/or guardian ("Parents) of a minor child(ren) who participates in activities while staying at Camp Buckner sign this Indemnification and Participation, Assumption of Risk and Release Form.

The undersigned Parents agree that their minor child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as explained and/or posted prior to participation in order to maintain the utmost level of safety for the participant.

The undersigned Parents acknowledge and understand the following:

- 1) During Swimming Pool, Blob, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, certain risks and dangers are present.
- 2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of the above, I (We) have and do hereby assume all of the risks of our child(ren's) participation in all activities including, but not limited to Swimming Pool, Blob, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) will hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney's fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which my child(ren) now has or which may arise from or in connection with participation in Camp Buckner's programs and activities.

In consideration of my child(ren) being permitted to participate in all Camp Buckner activities. I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Participation, Assumption of Risk and Release Form – Updated 7 1 09

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