



FOR OFFICE USE ONLY	
Camp/Event/Mission Engagement: _____	
Form Received on: _____	By: _____

ADULT HEALTH FORM

For Use at Carson Springs and Linden Valley Baptist Conference Centers
And Other Ministries of the EXECUTIVE BOARD OF THE TENNESSEE BAPTIST CONVENTION

Return Completed Form to:

Your church group leader for inclusion with church roster

Questions?
Call your church group leader who will contact the camp.

Event: _____ Dates: _____ Location: _____

Adult Name: _____
First Name Middle Initial Last Name

Address: _____

E-Mail Address: _____

Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Preferred Phone #: (_____) _____ Alternate Phone #: (_____) _____

Church _____

About health care for short-term camp stays:

- Adults should arrive ready to participate in the program. Should you be unable to participate, inform your church group leader about specific limitations. A separate form (Volunteer Supplemental Release and Assumption of Risk Agreement) is required for participation in camp activities.
- Adults should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).

Adult Health Background:

1. Date (month & year) of camper's most recent tetanus immunization: _____
2. Who would you like for us to contact in case of an emergency?
 Name of Individual: _____ Relationship to you: _____
 Address: _____
 Preferred Phone: (_____) _____ Alternate Phone: (_____) _____
3. What other health-related information should the camp know about you? Be sure to include any additional information about your health that may impact your participation in our program including special dietary needs, allergies or medical conditions.
4. Release
 - I understand that the camp may not be able to accommodate my special needs, such as dietary needs or allergies.
 - I understand that I have purchased through the Executive Board of the Tennessee Baptist Convention, by means of the camp fee, a limited accident and illness insurance policy. This policy may pay up to \$2,500 of medical expense, with certain exceptions, for medical treatment required by the camper on this form. Pre-existing and self-inflicted injuries or illnesses are not covered by this policy. Furthermore, I agree to pay any and all medical expenses incurred in the care of this camper, not covered by this policy.
 - I agree to be bound by the applicable policies and rules, as amended from time to time. All decisions of the Camp Director are final.
 - If I have not been fully immunized, by signing below, I agree to accept the risks from not being fully immunized.
 - I understand that the camp has limited healthcare on site and that staff will attempt to contact the individual listed above in an emergency.
 - Further, as consideration for my participating in the above mentioned event, I (1) acknowledge that there are certain risks and dangers do exist, including, but not limited to, the hazards of being in a wilderness-type setting, the forces of nature, other acts of God and those existing because of the activities themselves and/or the content of the programs (e.g. the hazards of depending on other people); (2) do hereby assume all risks associated with participation in activities such as walking, running, hiking, etc.; and (3) do hereby hold harmless and agree to indemnify the Executive Board of the Tennessee Baptist Convention, the Tennessee Baptist Convention, their directors, officers, employees, volunteers or agents for any accident which may occur or injury which may be suffered directly or indirectly by me from participating in activities. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for me, my personal representative and next of kin.

Signature: _____ Date: _____

Printed Name: _____