

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

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that all participants, and parents, guardians, and managing conservators of a minor child(ren) who participate in activities while staying at Camp Buckner sign this Indemnification and Release Form.

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

The undersigned acknowledge and understand the following:

1. 1) During Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.

2. 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 me and/or my child's (ren's) participation and as allowed by State law, I (We) have and do hereby assume all of the risks of my and/or our child's (ren's) participation in all activities (even if a lifeguard is on duty) including, but not limited to Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall 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 I, we and/or 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 me and/or my child's(ren's) participation 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 me and/or 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.

Group name: _____ Date Signed: _____

Print Name of Participant

Print name of Child(ren)

Print Name of:
Parent
Guardian
Managing Conservator

Signature of:
Parent
Guardian
Managing Conservator

CAMP BUCKNER HILL COUNTRY RETREAT ROPES CHALLENGE COURSE Assumption of Risks and Release Form

Camp Buckner requires parents of all participants to sign this Agreement to Participate, Assumption of Risk, and Release Form in order to be eligible to participate in the Program.

The undersigned acknowledges an understanding of the following:

1. The Challenge Course includes a variety of activities including warm-ups, games, group initiatives, high and low challenge course elements, and other activities.
2. Although Camp Buckner's goal is to maintain the physical, emotional and social safety of each participant in the Challenge Course Program, the physical, emotional and social risks must be assumed by each participant.
3. The level of participation in the Challenge Course Program is voluntary and "challenge by choice" prevails at all times. No participant is required to do anything that he or she does not want to do.

Certain information must be made known to the facilitators conducting the program so they are prepared to respond appropriately if the need arises. This information will be held in strict confidence. It must be provided to the Camp Buckner staff prior to participating in either the Ropes Challenge Course to maximize the safety for all.

***Please note that Camp Buckner cannot make a medical determination regarding a person's physical fitness to participate in challenge course activities. Only the participant and the participant's parents/guardian, or participant's physician can do that.

I understand that the Camp Buckner Challenge Course program may be physically and emotionally demanding. I recognize and accept the risks involved in Camp Buckner's Challenge Course program, and I assume the risks of physical and emotional injury that could result from these activities. In consideration of the above and as allowed by State law, I have and do hereby assume all of the risks of participation in the Ropes Challenge Course and will hold Buckner Children and Family Services, Inc. dba Camp Buckner, its employees, agents, trustees, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which my child now has or which may arise from or in connection with my participation in Camp Buckner's Ropes Challenge Course. I, along with my family or heirs, understand and agree that we cannot sue Buckner Children and Family Services, Inc. dba Camp Buckner, its employees, trustees, affiliates and associates, and if I do, I cannot collect any money. In addition, I will pay for Camp Buckner's attorney and court fees associated with any litigation I might bring against Camp Buckner, its employees, agents, trustees, officers, affiliates and associates. I also state that neither I am nor my child (if I am signing on behalf of my child) is under or will be under the influence of any chemical substance including alcohol, either at the time of the signing of this Agreement or at the time of participating in Ropes Challenge Course. I fully understand that my child's physical activity involves the potential risk of injury. I also understand that my child's participation in Camp Buckner's Ropes Challenge Course is entirely voluntary.

I have written on the back of this form any physical, mental, or psychological issue my child may be experiencing and which could have an impact on his/her well being during the Ropes Course activities. I give permission to the adult sponsors for my child's group to discuss in confidence with the Ropes Course Facilitator these issues and to provide information which might have a bearing on his/her suitability with regard to the activities. I understand that this information is confidential and will only be discussed in private if completely necessary.

Name of Participant (Please Print)

Signature of Participant (Parent/Legal Guardian if under 18)

Date

Name of Group

**CAMP AGAPE
RELEASE, ACKNOWLEDGEMENT AND CONSENT FOR
AUDIO-VISUAL and ANY OTHER MEDIA**

CAMP AGAPE may be filming and taking photographs and/or video recordings for promotional purposes during the Camp Agape camping term. I hereby give my consent and permission to CAMP AGAPE for the use of camper's likeness, name and voice in any manner that CAMP AGAPE, its employees or authorized agents may see fit. I also give permission to CAMP AGAPE, its employees or authorized agents to use any drawing created by camper to use as they see fit.

I hereby agree that all audio and video recordings made by CAMP AGAPE of camper's likeness, name and voice produced by CAMP AGAPE, its contractors, agents, staff or employees, may be published, reproduced, exhibited, broadcast through any media and used to promote CAMP AGAPE without further consent or payment. I hereby forever release CAMP AGAPE, its employees, agents, successors, and assigns from any claims, actions, damages, demands whatsoever by reason of such use.

I hereby release and agree to hold harmless the photographer, his/her representatives, employees or any persons or corporations acting under this permission or authority, or any persons or corporation for whom he/she might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from any liability as a result of any normal use that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution.

Signature of Guardian

Date

Legibly Print Name

Equine (Horseback) Participation Agreement Assumption of Risk and Release

Camp Agape, Camp Buckner, and Julie A Biggs (Path International Certified Therapeutic Riding Instructor) require that all participants in equine activities sign this Participation, Assumption of Risk and Release form in order to be eligible to participate in equine activities. The Equine activities at Camp Agape include horseback riding for the use of therapy activity. Camp Buckner is allowing Camp Agape to include some of their horses in our program in order to assist more children in our Equine activities.

The undersigned acknowledges and understands the following:

1. During Equine activities certain risks and dangers are present, and;
2. These risks may include physical, emotional or psychological damage and/or injury, not excluding fatality, due to accidents, which may occur resulting from Equine activities.

The undersigned agrees that while participating, the participant will abide by all of the policies and procedures of Camp Agape, Camp Buckner, and Julie A Biggs regarding Equine activities provided the participant in order to maintain the utmost level of safety for the participant.

I acknowledge the risks and potential for risks of horseback riding. I understand the I/my/son/daughter/ward, will be working with and around horses, as well as, riding horses. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I, the undersigned client and/or parent or guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims of damages against JULIE A. BIGGS, her family, heirs and volunteers, representatives, owners of property on which JULIE A. BIGGS operates, their successors or assigns.

Texas House Bill 28 took effect on September 1, 1995 and contains the following warning:

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

An Equine animal is defined as a horse or pony. An Equine activity is defined as riding, handling, training, driving, assisting in the medical treatment of, being a passenger on, or assisting a participant or sponsor with an Equine animal.

In consideration of the above, I have and do hereby assume all of the risks of participation in Equine activities and will hold Camp Agape Bereavement Camp for Children, Julie A Biggs, Camp Buckner, the owners of Camp Buckner, their employees, trustees, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which my child now has or which may arise from or in connection with my participation in Camp Agape and Julie A Bigg's Equine program and activities. I, along with my family or heirs, understand and agree that we cannot sue Camp Agape Bereavement Camp for Children, Camp Buckner, Julie A Biggs, their employees, agents, trustees, officers, affiliates and associates. I also state that neither I am nor my child (if I am signing on behalf of my child) is under or will be under the influence of any chemical substance including alcohol, either at the time of the signing of this Agreement or at the time of participating in Equine activities. I fully understand that my child's physical activity involves the potential risk of injury. I also understand that my child's participation in Camp Agape and Julie A Bigg's Equine program and activities is entirely voluntary.

Signature of Parent/Guardian

Date

Child's name

MEDICATION PERMISSION FORM

Camper's Name: _____ Age: _____

LIST ALL ALLERGIES AND ALLERGY SYMPTOMS:

Please include all foods, medications, animals, insects, or otherwise.

Medication	Dosage	Times to Give	Reason

I hereby give my consent for the staff at Camp Agape to give _____ the medication(s) listed and described above.

Parent / Guardian

Date

Camp Agape Packing Guide for Staff and Kids

This list includes everything you will need for four days. Please label all items with your name. In addition, please review Camp Agape's Dress Code Policy.

A picture of your loved one. (Framed or no frame, label back of picture) *Bring a separate picture for each child attending camp.
Bed Linens: Twin sheets, blanket, pillow with pillow case OR sleeping bag
2 Bath Towels and 2 Wash Cloths
Toiletries: Soap, Shampoo, Toothbrush, Toothpaste, Hairbrush
Shower Shoes (flip flops work well)
Sunscreen
Laundry Bag
Swimsuit (one-piece or Tankinis for girls) Pool Towel
Clothing Items:
5 loose fitting shirts with short sleeves
5 pairs of shorts (3-inch inseam required)
5 pairs of undergarments
5 pairs of socks
1 pair of long pants
2 sets of sleep wear
A light weight jacket
1 pair of shoes with closed toe and heel
*Colorful shirt to wear at a Luau Party event

Note: New/designer clothing is greatly discouraged. Only pack items which would not cause great distress if torn, stained, broken, or misplaced.

The following items are NOT ALLOWED at Camp and will be held in the office until closing day at pick-up.

Two-piece Swimsuits	Radios	Pagers
Gum, Candy, or Food Items	Tape/CD Players/iPods	Guns/Knives
Money	Pets	Cell Phones
Fireworks	Video Games/TVs	Jewelry
Computers	Tobacco products	

Dress Code Policy: (For Kids and Staff) The following items will not be allowed at Camp Agape. A signature is required that the dress code policy has been read and is understood by **all** participants.

Short Shorts	Spaghetti Strap Tops	Tank Tops
Two-Piece Swimsuits	Gang Paraphernalia	
Clothing Advertising Alcohol	Clothing Displaying Vulgar Language.	

CAMP AGPAE

Camper Pick-up Permission Form

Fill out this form if someone other than a Parent/Guardian will pick up your camper from Camp Agape.

I, _____, give permission for
(Parent's Name)

_____, to be picked up from Camp
(Camper's Name)

Agape on _____ by _____.
(Date) (Pick-Up Person's Name)

I assume full responsibility for any illness, injury, or accident occurring after my child is released from Camp Agape to the individual(s) named on this form.

Parent/Guardian Signature: _____ Date: _____

Person(s) picking up your camper*: _____

Driver's License Number(s): _____ DL State: _____

*For the safety of our campers, persons picking up campers other than the Parent/Guardian will be required to present a Valid Driver's License before the camper will be released from Camp Agape.