



# Registration & Release Form (All Campers and Sponsors)

4341 FM 356 • Trinity, TX 75862  
936-594-5011 • [www.trinitypines.org](http://www.trinitypines.org)

Dates at TPCC: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**INSTRUCTIONS:** Complete the Registration form in its entirety for each person attending. All requested information is applicable. Type or print legibly in dark ink.

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

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

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: (M/F) \_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Mo. Day Year

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

If attendee is a minor:

Parent / Legal Guardian: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent / Legal Guardian Phone Number: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Significant Allergies, Diseases, Chronic or Recurring Illness: (Check all that apply)**

- Are all immunizations current for your child:  Yes  No  Emotional
- Asthma  Joint or Back Problems  Diabetes  Epilepsy  Bleeding Disorder
- Heart Condition  Dizziness/Vertigo  Recent Surgery  Seizures  Stomach Condition
- Other Medical Condition \_\_\_\_\_

Allergies (food, medications, insect sting, other): \_\_\_\_\_

\_\_\_\_\_ I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: Tylenol, Ibuprofen, Antihistamine, Decongestant, Cough medicine, Anti-Nausea, Anti-Diarrhea, Antibacterial ointment. Exceptions: \_\_\_\_\_

**If parent cannot be reached in an emergency, please contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

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

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a climbing wall, zip lines, high and low elements, and a team power pole. In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Trinity Pines its owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I authorize the use of my or my child's photograph or video on the Trinity Pines website or brochures for camp updates and communication.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

X

Signature

Date

X

Parent or Legal Guardian Signature (if minor)

Date