

Tryon Evergreen Baptist Association (TEBA)

October 11th - 13th, 2021

Registration will be open at 9:00 AM

Camp Allen in Navasota, TX

Come and join in on the entertainment, bible studies, games, awesome food and fellowship in the beautiful surroundings of Camp Allen.

Choose from a single room or share with a friend or spouse. Each room is like a hotel room, elevators are available for 2nd and 3rd floors and handicap rooms are available to book.

Early bird pricing ends September 1st.

Make your plans to join us soon!



SENIOR ADULT RETREAT REGISTRATION

Tryon Evergreen Baptist Association
Camp Allen, Navasota, Texas

October 11th - 13th, 2021

Name: _____ Phone #: _____

Address: _____

City, State & Zip Code: _____

Church Name: _____ City: _____

E-Mail: _____

Emergency Contact: _____ Phone #: _____

Special Diabetic Need: _____

Accommodation Request:

Room: Single: _____ Double: _____

(Prices listed under Payment Information)

Roommate Request:

Please Check any that apply:

____ Handicap Facilities

____ Ground Level Room - Required

____ Ground Level Room - Not Required

Accommodation Information:

- Accommodations are two persons per room unless prior approval has been arranged.
- Registration for all roommates must be received before a room is assigned.
- If the accommodations you request are not available, you will be called and asked if you desire other accommodations

Payment Information:

- **Nonrefundable Deposit** - \$50 per person is due by **July 1st, 2021**
- **Early Bird Price (Before September 1st, 2021):**
 - Single Room: \$270 (Per Person) – Double Room: \$205 (Per Person)
- **Registration Fee (After September 1st, 2021):**
 - Single Room: \$290 (Per Person) – Double Room: \$230 (Per Person)
- Please make Checks payable to: TEBA, P.O. Box 2408, Conroe, TX 77305
- Full & Final Payments are due by September 1st, 2021.
- If there are any cancelations after September 1st, 2021 no refunds will be given.
 - Under dire emergencies only, the refund will be up to TEBA discretion.

Participation Agreement & Waiver Agreement

I am above the age of 18 and am signing this agreement as a participant while acknowledging and assuming all liabilities and risks in consideration for participation in this event.

Furthermore, I understand participation in all activities including both indoor and outdoor events is made by my informed consent. I understand all activities are optional and that I have voluntarily applied to participate in the events and activities. I understand the foregoing activities and all other events, hazards or exposures connected with the event and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.

Participant Signature

Date

Medical Information

Participant Name:

Male

Female

Church Name:

Mailing Address:

City:

State:

Zip:

Date of Birth:

Phone:

Person to notify in case of an emergency:

Phone number(s) of emergency contact person:

Name of Primary Physician and phone number:

General Health Information:

Do you currently have any of the following? (Circle Yes or No below)

1. Recent serious injury: Yes No

2. Recent surgery: Yes No

3. Allergies to medications: Yes No

4. Food Allergies: Yes No

5. Asthma: Yes No

If yes to any of the above, please describe:

7. Do you take any medications regularly? Yes No - (If yes, please list on back of this page)

(All medications brought to the event must be in originally labeled containers)

8. If yes, will you have these with you? Yes No

9. Date of last Tetanus Shot:

10. Add any other necessary medical information: (please list on back of this page)

Insurance Information:

1. Medical Insurance Company:

2. Plan or Group Number:

3. Insured Name:

4. Insured I.D. # or Member #:

5. Insurance Company Phone Number:

6. Insurance Company Address:

**** You may copy both sides of your insurance card and attach it if it includes all of the above information.***

SPECIAL NOTE

If you have a Physicians Directive or Related Materials you are requested to include copies of those with this form.

Authorization for Emergency Medical Treatment

I have listed above my physical conditions or medical problems that may need attention and all medications regularly used by myself. I understand failure to disclose medical information and/or condition may result in my inability to be a participant in the event. In case of the illness the TEBA or its agents will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency where the emergency contact cannot be notified, I authorize the TEBA or its agents to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. I hereby consent and give my permission to the TEBA, its agents or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself, in their sole discretion, be necessary and proper under the circumstances.

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS THE TEBA STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF DURING MY PARTICIPATION OF THE EVENT, EVEN IF SUCH INJURIES OR DAMAGES ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR RECKLESSNESS) OF THE TEBA, ITS OFFICERS, AGENTS, EMPLOYEES OR PARTICIPANTS.

In consideration for being permitted to attend this event and participate in the activities conducted during the event, I, on behalf of myself, my legal representatives, heirs and assigns,

do hereby release, waive, and forever discharge the TEBA and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my participation in the event activities or any activities in connection with the event, whether or caused in whole or in part by the negligence (but not gross negligence or recklessness) of the TEBA, its officers, agents, employees or participants.

I, personally, hereby give the TEBA and its agents permission to use my photograph, quotations and likeness in any advertisements or promotions performed in connection with the event and agree that neither I shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The TEBA and its agent are authorized to provide or obtain medical care for me, as it deems appropriate, and to exchange medical information with third party caregivers.

To the extent a claim asserted against a Released Party by an event participant shall be brought exclusively in Montgomery County, Texas, and the laws applicable thereto shall be those of the State of Texas, not including those laws which may apply the laws of another jurisdiction.

This Agreement may be amended only by a written instrument, signed by the parties hereto.

This Agreement is intended to be binding upon my heirs, estates, executors, guardians, administrators, legal representatives and assigns.

Participant Signature

Date

Witness Signature

Date



Release of Liability Relating to Coronavirus/COVID-19

Assumption of Risk:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited gathering of groups of people.

Tryon Evergreen Baptist Association (TEBA) has put into place preventive measure to reduce the spread of COVID-19; however, TEBA cannot guarantee that you will not come into contact with someone who is positive for COVID-19. Further, attending the event/function below could increase your risk of contracting COVID-19.

Acceptance of Terms:

In seeking to safeguard other participants from the novel coronavirus, COVID-19, you agree to:

- Allow temperature checks before admission and anytime during your participation.
- Alert the TEBA Staff prior to arrival if you have tested positive for novel coronavirus, COVID-19.
- Not participate in the activity if you have had an elevated temperature within 3 days of the event.
- Will wear a face mask in public spaces and keep at least 6 feet away from other participants.
- Demonstrate a positive and cooperative attitude toward the staff and fellow participants

Release of Liability:

By signing this release, I acknowledge the contagious nature of COVID-19 and I assume all risk related to the possibility of exposure to or infection from COVID-19. I understand that the risk of illness, permanent disability and/or death is solely assumed by me. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any adverse effects related to COVID-19 as it relates to my participation in the activity listed below. I hereby release, covenant not to sue, discharge, and hold harmless Tryon Evergreen Baptist Association (TEBA), its employees, agents, representatives and volunteers from claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes claims based on infections before, during or after participation in the activity below.

_____	_____
Activity or event	Date
_____	_____
Signature of Participant	Date
_____	_____
TEBA Representative	Date

