

2.10 Camp "Base Camp"

(grades 6-12)

July 20-24, 2021

Student's Name _____ Grade (for year of 2020-21) _____

Date _____

Activity Participation Agreement

Name OF SPONSORING ORGANIZATION: First Baptist Church of Lewisville

ADDRESS: 1251 Valley Ridge Blvd. Lewisville, TX 75077 **PHONE:** 972.436.5502

DESCRIPTION OF ACTIVITY: 2.10 Camp "Base Camp"

WHERE: Lake Lavon Camp & Conference Center, Princeton, TX

WHEN: July 20-24, 2021

Students will be traveling to Camp via buses. **While there, your student will participate in worship, pool, zip line, nightly games and recreation time. They will be staying in dorm-style cabins and will have their meals provided at Lake Lavon Camp & Conference Center.**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Multi-Media Permission Release Form

I give my permission for First Baptist Church of Lewisville to photograph, or video my child and to use this photograph, voice or video recording in publication, motion pictures, newsletters, and church owned web sites.

I understand the resulting photographs, stills, video, motion pictures, and audio tapes **may be published** for the purpose of instruction or information for leaders, students, parents or the general public of church ministries or events.

I give my permission **Yes** **No**

Parent/Guardian Name (print) _____
(If 18 or over participate name)

Parent/Guardian Signature _____
(If 18 or over participate signature)