

MT. LEBANON ENCAMPMENT
PO Box 427 Cedar Hill, Texas 75106-0427
972-291-7156 Fax: 972-291-4958 www.mtlebanoncamp.com
2019 ADULT REGISTRATION AND SCREENING FORM

IMPORTANT NOTICE TO CHURCH LEADER

Both sides of this completed application **MUST BE** presented upon arrival at Mt. Lebanon along with a copy of the applicant's *Child Protection Training Course Certificate*.

NAME: _____ Age: _____ Birth Date: _____

Church Attending Camp With: _____ City: _____

Cell Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____

ADULT STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGEMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with all camp activities, as well as, the inherent risks of being on camp property. Further, I hereby personally assume all risks in connection with my attendance and participation in the events at Mt. Lebanon.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/ or dental services rendered to me.

3. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees' agents, and representatives from any claim by me, or by my family, estate, heirs or assigns out of my participation in activities at Mt. Lebanon.

4. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

If I am unable to make a decision on my own behalf regarding medical care, I authorize the Mt. Lebanon Health Center staff, the camp director, or group leader to make emergency medical decisions for me. I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care to be rendered to me as needed in the judgment of the treating physician, who is chosen by my group leader, the camp director or any employee working under him/ her, as circumstances require.

5. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Mt. Lebanon for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/ medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filled within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

6. CONSENT FOR CRIMINAL RECORD AND BACKGROUND CHECK BY CHURCH

I hereby authorize any appropriate organization and/ or its designees, including Mt. Lebanon or the church I am attended with, to conduct a criminal record and a background/ reference check. A criminal record, as received from the reporting agencies, may include arrest and conviction information as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility to serve in the supervision or care of minors or vulnerable adults. I understand that I will have an opportunity to review my criminal record for clarification if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify any reporting agency and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to serve in the supervision or care of minors or vulnerable adults.

7. APPLICANTS STATEMENT, WAIVER, AND INDEMNITY

The information contained in this application and screening form is correct to the best of my knowledge. I authorize any reference to give any information that they have regarding my character and fitness to work with and supervise minors or vulnerable adults. In consideration of the receipt and evaluation of this form by the church I am attending with, Mt. Lebanon Encampment, or the Dallas Baptist Association, I hereby release any individual, church, charity, employer, reference or any person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

9. APPLICANT'S AUTHORIZATION TO SUPERVISE MINORS OR VULNERABLE ADULTS

- a. A *Criminal Records and Background Check* has been performed by the applicants' church.
Yes _____ No _____
- b. Applicant has been active as a volunteer, or staff member, in the ministry of the applicant's church for at least six months.
Yes _____ No _____
- c. Applicant has completed an authorized *Child Protection Training Course* conducted by the applicant's church, or approved *Child Protection Training* website, and has received a *Certificate of Completion*.

NOTE: Applicant's name must appear on the church's official list of authorized adults. In order to work, and supervise minors, or vulnerable adults.

Should my application be accepted, I agree to follow and be bound by the policies of Mt. Lebanon Encampment and the Dallas Baptist Association, and to refrain from unscriptural conduct in the performance of my services on behalf of Mt. Lebanon Encampment and the Dallas Baptist Association.

By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

APPLICANT'S SIGNATURE

DATE

NAME _____ CHURCH _____ CAMP DATE _____

CONFIDENTIAL INFORMATION (circle response)

- 1. Have you ever been convicted of, or pleaded guilty or no contest to any crime against any person, child, or vulnerable adult under federal law or the laws of any state or foreign country? Yes No
- 2. Have you ever been convicted of, or pleaded guilty or no contest to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect in this state or any other state or foreign country? Yes No
- 3. Are there any current criminal proceedings pending against you? Yes No
- 4. Are you the subject of a child abuse or maltreatment report in this state or any other state or country? Yes No
- 5. Have you ever had a lawsuit alleging actual or attempted sexual harassment, sexual exploitation, sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired? Yes No
- 6. Have you ever been denied the opportunity to work with minors or vulnerable adults? Yes No
- 7. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated for reasons related to allegations of actual or attempted sexual harassment, sexual exploitation, sexual misconduct, physical abuse or child abuse? Yes No
- 8. Is there any fact or circumstance involving you or your background, including church discipline, which would call into question you being entrusted with the supervision and care of minors or vulnerable adults? Yes No

If yes, to any of the above responses, please give dates, nature of the offense, disposition, and any explanation you feel necessary in the space below.

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Cell: _____ Other: _____

Name: _____ Relationship: _____

Cell: _____ Other: _____

HEALTH INFORMATION:

*List any health information that would be relevant to any attending physician.
(chronic illnesses, diseases, or medical condition)*

List Medication that you are currently taking: _____

List any food, medicine, or any other significant allergies: _____
