



# Individual Participant Agreement Form

**THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING.**

1. Acknowledgement and Assumption of Risks – I understand that Ochoco Christian Conference Center's (OCCC) activities range from mild to strenuous, and like all recreation activities, they include inherent and other risks and dangers which can cause loss or damage to personal property, personal injury, and the remote possibility of serious injury or death. I understand that accidents or illness can occur in remote locations without medical facilities. I understand that these activities can be strenuous and should not be participated in by persons with cardiovascular ailments or other serious illnesses. I assume the risk of personal injury, death, or property damage which may result from my or my minor child(ren)'s participation in any camp activities.
2. Activity Permission – I understand and agree that, in addition to traditional camping activities, OCCC's activities may include sporting and adventure activities and other indoor and outdoor activities and group games. I understand that I/my child will be able to ask questions of OCCC staff about the risks of any activity and that participation is voluntary. I acknowledge and assume all risks of participation in all OCCC activities. The activities intended to be covered by this Informed Participant Agreement Form include activities on or off OCCC premises, including transportation to and from activities and on OCCC grounds or any premises utilized by OCCC for any of its activities.
3. Acknowledgement of OCCC Purpose – I acknowledge and understand that Ochoco Christian Conference Center is organized and operated exclusively for Christian purposes. We treat all guests with respect and dignity, regardless of their religion or beliefs and we request that our guests respect our beliefs as stated in the OCCC doctrinal statement while on OCCC property or participating in OCCC activities. Guests who engage in disrespectful or harmful behavior or who refuse to abide by the instructions provided by the OCCC staff are subject to removal from the property or program at OCCC's discretion.
4. Agreements of Release and Indemnity – I agree on my own behalf and on behalf of my minor child(ren) to hold OCCC, its owners, board, agents, guests, and employees harmless and to indemnify them from claims for personal injuries and property damage which results from my own or my minor child(ren)'s participation in any camp activities.
5. Tobacco Products, Alcohol, Pets, Marijuana, Fireworks, Illegal Drugs, Weapons or Firearms – Firearms and weapons are prohibited on OCCC property unless reported to and authorized by OCCC leadership. The use of tobacco products (including e-cigarettes) is prohibited on OCCC property, except in designated areas. Guests are not to bring pets on camp property. The use or possession of alcohol, marijuana or illegal drugs or fireworks is prohibited at OCCC.
6. Medical Release – I understand that OCCC is not obligated to provide on-site medical care or facilities. It is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies, as well as permission to treat participants. In the event of an emergency, I give permission to the medical personnel selected by OCCC to provide routine healthcare, administer medications, secure proper treatment, to hospitalize, arrange necessary related transportation, and to order tests, x-rays, anesthesia or surgery for myself or my minor child(ren). I authorize the release of all records, x-rays, notes and any other medical information to OCCC or its designee.
7. Use of Personal Information/Images – I understand by signing this release that I give permission for pictures, video, and audio to be taken of me and/or my minor child(ren) and for those media to be used for OCCC promotional items.

I HAVE READ THE ABOVE POLICIES, CONSENTS, PERMISSIONS, ASSUMPTIONS OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY AND AGREE TO ABIDE BY THEM TO THE FULLEST EXTENT ALLOWED BY LAW.

First Missionary Baptist Church, Women's Retreat 2025

PRINTED name of PARTICIPANT \_\_\_\_\_

GROUP attending with \_\_\_\_\_

(If multiple participants are from one family, the legal guardian may sign release of liability form for all minor children. Please list names and dates of birth for all minor children on back of this form. Note that each adult (18 and older) must sign their own individual form.)

SIGNATURE of Parent, Guardian, or Participant (if over 18) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Date \_\_\_\_\_

**Participant's Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

# REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Church Affiliated With: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insurance:

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Food Allergies/Needs: \_\_\_\_\_

\_\_\_\_\_

Special Sleeping Arrangements (top bunks will not be needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature