

# NORTH TEXAS EASTER RETREAT 2021

April 1-3, 2021

(Please read everything carefully)

I hereby give permission for my child, \_\_\_\_\_, to attend the North Texas Easter Retreat (NTXER) in Falls Creek, OK.

I understand that they will be leaving on **\*Thursday, April 1 at 4:00pm** (time is subject to change) from the youth room and will return on **\*April 3 at approximately 3:00pm**. The **cost of the trip is \$60 per person**, and the money is due ASAP. A limited number of scholarships are available for students who need them. To request a scholarship, please see Bro. Chad Rowell at the church office. Contact information is listed below.

We are staying at the Hobart Cabin on the Falls Creek grounds, and there will be FBC Leonard sponsors and adults staying with students at all times. Girls and Guys stay in different dorm-style accommodations throughout their stay at camp.

*I understand that I may be called to pick-up my student if they can't abide by the rules of the camp and the rules established by FBC Leonard. Students should sign the student covenant below.*

**Parent/Guardian Signature** \_\_\_\_\_  
(I agree to the above)

## Student Covenant:

I promise I will conduct myself in a Christ-like manner while at the retreat, and I will submit to the authority of my sponsors. If I am not able to do this, then I understand that my parents will be called and asked to come and get me at their expense.

**Student Signature** \_\_\_\_\_  
(I agree to the above)

In case of an accident or medical emergency in which it is necessary that my student receive medical aid, I give my permission to the sponsors/staff to secure such medical aid. (Please sign the Child Release form attached. That is the official form required by Falls Creek and contains the medical information section for your student.)

I also understand that I will not hold liable in any way the sponsors of FBC Leonard, FBC Hobart, or staff of Falls Creek for (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the Baptist General Convention of Oklahoma or FBC Leonard, or their agents, to consent to the provision of emergency medical care to my child.

In Christ's name,  
Chad

Chad Rowell  
Associate Pastor of Youth and Education  
FBC Leonard  
423.488.1884 (cell)

Falls Creek Emergency Only (in case you cannot reach Chad Rowell)  
580.369.2101



**\*Please see back for more IMPORTANT information\***

# IMPORTANT!

This weekend could change your life if you are open and willing. We are going to NTXER to have a great time, to get closer to Christ, and to draw closer as a family in Christ. So, we will respect each other and not play any juvenile tricks or practical jokes on each other. We will also abide by the rules set forth by NTXER and Falls Creek Convention and Conference Center.

As there will also be many churches present and participating in this weekend, our students will need to be respectful of others and attempt to get to know new individuals.

No adults will be staying in student dorms that have not been cleared and background checked by FBC Leonard staff.

No student will EVER be alone in any setting with an adult, and all spiritual counseling that takes place at the retreat is done in highly visible, monitored settings. Students, please remember that if anyone ever asks you to meet with them alone, especially an adult, that the answer is NO and you should notify a sponsor or Chad Rowell immediately!

## **What to bring to NTXER:**

- Bible
- Pen
- Pillow
- Sleeping Bag or twin-size sheet and blanket (it can get chilly at night)
- Towel
- Toiletries
- Clothes for sports activities
- Good attitude

\*Cell Phones: I realize that many of our youth have cell phones and plan on bringing these devices with them especially so that parents can communicate with their youth. That is definitely fine. However, cell service is very limited at Falls Creek. If a signal is available, it is spotty. We have a full weekend ahead of us, and you will not have time to be on your phone. If an adult sponsor sees you playing with your phone and not participating, they will take the device from you. It will be returned to you once we arrive back at the church on Saturday. Using your phone for a Bible during worship times is not acceptable for this trip. Texting during the worship service is not allowed (and probably won't work anyway due to limited service).

## **What not to bring:**

- Gaming devices (mostly because there won't be time to play them and they could get broken)
- Tablets or laptop computers
- Music that is not Christian
- Books that are not Christian
- Alcohol, drugs, or tobacco products (this will get you sent home immediately, no questions asked!)
- Bad attitudes

**Know that we have been praying for you, and we hope you are excited for what God has planned!**

## Falls Creek Conference Centers 2021 Child Release and Waiver of Claims Form

Group: \_\_\_\_\_ Cabin: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade this fall: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student E-mail: \_\_\_\_\_  
In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_  
Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does participant have any known allergies or are they unable to take any medication?  Yes  No  
If yes, what? \_\_\_\_\_
2. Does participant presently take any medications regularly?  Yes  No  
If yes, what medications? \_\_\_\_\_  
For what reason? \_\_\_\_\_
3. List any other medical condition(s) that would be helpful to know about: \_\_\_\_\_  
\_\_\_\_\_
4. Date of last tetanus immunization: \_\_\_\_\_
5. The above named child has current medical insurance coverage through:  
Insurance Company: \_\_\_\_\_  
Name on Insurance Policy: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_
6. Does your insurance company require notification prior to emergency health care at a hospital?  
If yes, Phone Number: \_\_\_\_\_

It is the responsibility of your child's group leadership to obtain insurance permission for treatment or to limit your child's recreational activities because of a stated medical condition.

My child, \_\_\_\_\_ will be coming to Falls Creek Conference Centers. BGCO Conference Centers is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). I will not be coming to BGCO Conference Centers with my child. In the event that my child should need emergency medical care or attention, the BGCO or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.



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There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend BGCO Conference Centers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the BGCO, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the BGCO, its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at BGCO Conference Centers, and (2) injuries arising from the decision of the BGCO or its agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made at BGCO Conference Centers. I understand that a promotional or highlight video may be available for sale from BGCO Conference Centers. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the BGCO, its staff or its agents to inspect my child's belongings while at BGCO Conference Centers.

I understand that BGCO Conference Centers is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their time at BGCO Conference Centers.

I have received and read the Parent Information about BGCO Conference Centers including the list of the recreational options and I have received satisfactory answers to all my questions about such information.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

All students attending BGCO Conference Centers must have a parent fill out this release form and turn in this release form on the first day at registration.