

Updated January 2022

**ADULT FORM MEDICAL, SURGICAL AND OTHER REQUIRED
WAIVERS**

I, _____, hereby acknowledge and give my express permission to Big Country Baptist Assembly (hereafter referred to as BCBA) to attend to any medical needs that arise while I am on the BCBA camp grounds.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA; it's representatives, or any attending physician from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my stay at BCBA.

I give my full consent and permission to BCBA staff to use my photo for BCBA promotional purposes.

I have read the BCBA Policies and Procedures. I understand I must adhere to these policies and procedures.

SIGNATURE:

X _____

