

# Welcome

(To be photocopied and distributed to each participant. This form must be returned prior to the time of registration.)

## Deer Creek Family Camp, Inc.

And

## Midland Classical Academy

September 13 – 17, 2010

Participant's Assumption of Risk and Release

(Please Print Clearly)

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Address City/State Zip Phone

E-mail: \_\_\_\_\_ \*please include me in the camper e-mail list: yes  no

I recognize there is an element of risk in activities I may participate in while staying at Deer Creek Family Camp, Inc, and as a result of or in preparation for my participation in any activity, housing, recreation, food service or similar activity while at or in transit to or from Deer Creek Family Camp, Inc.

**I hereby release, indemnify, and hold harmless Deer Creek Family Camp, Inc. and Midland Classical Academy,** its agents, owners, officers, and employees from and against any and all claims, liabilities, suits, actions, damages, or losses, including without limitation, all costs and attorney's fees and including without limitation any act, omission, negligence or gross negligence of Deer Creek Family Camp, Inc. and Midland Classical Academy, its agents, owners, officers, and employees which may arise from or in any way be connected with my stay or participation in activities at Deer Creek Family Camp, Inc. and Midland Classical Academy. I agree that any dispute concerning, relating, or referring to this contract, or my retreat experience, shall be resolved exclusively by binding arbitration according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Texas. Venue for any dispute shall be Bandera County, Texas.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### **For a minor in parental care**

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Deer Creek Family Camp, Inc. director to: hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. I grant permission for my child to participate in all activities offered at camp. The following health disabilities or restrictions that camp staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
(For participants under 18 years of age)

\_\_\_\_\_  
Date

Direct questions to Jim Behling or B.K. DeRouen: Deer Creek Family Camp, Inc. Box 200, Medina, TX 78055 Phone (830) 589-7123