

# Kiamichi Baptist Assembly Health Form

P.O. Box 9  
Talihina, OK 74571

Date of camp: \_\_\_\_\_  
Church \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cabin you're staying in at KBA \_\_\_\_\_

Camper's name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
S.S.#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CDIB # \_\_\_\_\_ (Please, send photo copy)  
Home Phone# : \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Emergency Phone#: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_  
Relationship \_\_\_\_\_

## Health Information

Allergies: \_\_\_\_ No \_\_\_\_ Yes If yes, list what you are allergic to: \_\_\_\_\_  
Medicine(s) you are presently taking: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_ Are you current on all your shots: \_\_\_\_ Yes \_\_\_\_ No  
Are there any special conditions/health problems about that we should be aware of: \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: (use the back of this paper if necessary) \_\_\_\_\_  
Your physician's name: \_\_\_\_\_ Office Phone# \_\_\_\_\_

## Permission to receive medical help for camper if needed.

I/we \_\_\_\_\_, parent/guardian of the above named camper, hereby give consent to provide this camper with emergency care, and/or hospitalization for any accident or illness which occurs while attending Kiamichi Baptist Assembly, and also give permission to transport camper to and from localities where such health services are provided.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Statement: (must be signed by parent/guardian and camper)

We have read or have had read to us the KBA guidelines, rules and regulations. We agree that the above named camper will follow these rules while camping at KBA. We understand that KBA is not the responsible party for the supervision of the campers, but it is the responsibility of the church or group bringing them to the KBA campgrounds.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Camper

### Health Insurance Information

#### Camp Ins. Coverage:

American Income Life Insurance  
P.O. Box 50158  
Indianapolis, IN 46250  
1-800-849-4820

Accident coverage limit: \$2,500  
Sickness coverage limit: \$750  
Dental coverage limit: \$300

#### Personal Ins. Coverage: (your insurance)

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Policy# \_\_\_\_\_



# Kiamichi Baptist Assembly Challenge Course Programs

## AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE

Kiamichi Baptist Assembly and the Challenge Course Programs require any participants to sign this release form in order to be eligible to participate in programmed activities.

The undersigned acknowledges that during the program certain risks and dangers may occur. These include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 35 feet) and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury due to accidents which may occur resulting from the challenge course experience or other type of activities. While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will hold Kiamichi Baptist Assembly, Inc., it's owners, directors, employees, and/or associates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in conjunction with my participation in this program. In short, I, along with my family or heirs, cannot sue Kiamichi Baptist Assembly, it's owners, directors, employees, and/or associates. I also state that I am not under, and will not be under the influence of any chemical substance, including alcohol. I fully understand that my participation in this program is entirely voluntary.

In the event of any emergency, I hereby give my permission to the physician selected by

\_\_\_\_\_ to hospitalize, secure proper treatment, and to order  
*(Your group leader's name)*  
injection, anesthesia, or surgery.

\_\_\_\_\_  
*Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian (if under 18)*

\_\_\_\_\_  
*Date*