



DogwoodHills.org/GENERATE

General Registration

(Info, Medical, Waiver/Release)

Dogwood Student Ministry (Palestine, TX)

*All participants **MUST** have this general release and indemnification of claims completed and turned in to the group leader as soon as possible before the event.*

Event Location: John Brown University (Siloam Springs, AR) and surrounding area and travel & activities from and back to Dogwood Hills Baptist Church (Palestine, TX)

Dates: June 22-26, 2026

Please review, complete, and sign.

Name of Participant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Sex: Male Female **Age:** _____ **Date of Birth:** ____/____/____

T-Shirt Size: S M L XL 2XL 3XL

Grade Finished by June 2026: 6 7 8 9 10 11 12 adult leader

Emergency Contact Information

Adults, please give an emergency contact in the section below and mark out parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: (_____) _____-_____

Parent/Guardian Work Phone: (_____) _____-_____

Secondary Contact Name: _____

Secondary Contact Cell Phone: (_____) _____-_____

Secondary Contact Work Phone: (_____) _____-_____

Parent Email: _____

Medical Profile & Insurance

In general, participant's health is: Excellent Good Fair Poor

Explain: _____

Current medical needs for which being treated: _____

Please note any medical history of which to be aware: _____

Medication(s) that this participant currently takes/needs: _____

Instructions on administering medication(s): _____



Any allergies: _____

Special diets of which to be aware: _____

Any other information of which leadership should be aware: _____

*I authorize Dogwood Hills Baptist Church staff/leaders
to give my child the medication(s) indicated above.*

Signature of Parent/Guardian: _____



Primary Physician: _____ Phone: (____) _____ - _____

Name of Health Insurance Company: _____

Name Insured Under: _____

Group #: _____ ID #: _____

DHBC Waiver & Release

Assumption of Risk: I am aware of the risk associated by or with participating in this event. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death which may result from participation in event activities. With safety as a priority, these activities may include (but are not limited to) running, climbing, lifting, traveling in vehicles, swimming, working with other people, and hiking mountainous terrain. Activities will take place in warm temperatures and may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during the activities. Activities will be conducted under the supervision of the group leader and his co-workers or Generate staff or John Brown University staff. All activities are done voluntarily, and the participant assumes any and all risk associated with such activities.

Photography/Video Acknowledgement: Throughout the event, there may be photographs and video taken for social media, marketing, or promotional purposes. I acknowledge that and grant permission for such media to be used for these purposes.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue Dogwood Hills Baptist Church, its leadership, agents, facility, location, volunteers, and sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child's participation during the entire trip on June 22-26, 2026, to and from John Brown University in Siloam Springs, Arkansas, and the surrounding area. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility, and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms, and my signature below represents that understanding. I freely relinquish legal rights. I have had the opportunity to obtain any and all counsel if needed, and, that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below (Participants who are minors require a parent's/guardian's signature.).

I am a: Parent/Guardian Event attendee who is 18 or older

Signature of Parent/Guardian: _____

Signature of Event Attendee: _____