

# Southern Baptist Conference of the Deaf

At Ridgecrest Conference Center, NC

## Registration Form

July 15-19, 2019

**Important: one form for each person (even if same family)**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Marital status: Married or Single

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Voice, VP, Text)

Email: \_\_\_\_\_

Church name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Pastor name: \_\_\_\_\_

Contact info: \_\_\_\_\_ (Voice or VP) Church email: \_\_\_\_\_

Church messenger? \_\_\_\_\_ Visitor? \_\_\_\_\_

**(If you are a messenger, your pastor must sign the messenger form, if there is no Pastor's signature, you cannot vote at the business meeting.)**

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*Check one or more...*

Deaf \_\_\_ Hearing \_\_\_ Oral \_\_\_ Low Vision or Blind \_\_\_ Missionary \_\_\_ Spouse of Missionary \_\_\_

Pastor \_\_\_ Spouse of Pastor \_\_\_ Lay Minister \_\_\_ JR SBCD \_\_\_ Sunday School Teacher \_\_\_

Interpreter \_\_\_ Deacon \_\_\_

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## Registration Fees

Full week Registration:		Daily fee:
Age 22 and up	\$110	\$ 45 per day
Age 13-21	\$100	\$ 35 per day
Age 0-12	FREE	
Family of 3 or more	\$320	

Cancellation Policy: 1) Full refund up to 60 days before conference. 2) 50% refund from 59 to 30 days before conference. 3) No refund with less than 30 days before conference time.

**Important: Deadline for registration is on July 5<sup>th</sup> if you are paying online but for checks, last day to pay is on June 28<sup>th</sup> or pay at door on the day of conference, when mailing forms with checks, please include all required forms like messenger, General and registration**

For reserving rooms and meals, please go to Ridgecrest Conference Center's website to reserve and pay from there.

<https://reservations.ridgecrestconferencecenter.org/default.aspx?p=DynamicModule&group=63D7LA&arrival=07/15/2019&depart=07/19/2019&bookingstep=1>

If you do not want meals or need to make changes to meals, you can not do this online, you will need to call Ridgecrest reservation 800-588-7222 Monday through Friday from 9:00am to 4:00pm Eastern time. If anyone does not want the Ridgecrest meal package the only way to register is by phone.

# Southern Baptist Conference of the Deaf

At Ridgecrest Conference Center, NC

We will not be handling this. Registration for SBCD is separate from Ridgecrest. You will be responsible for registration fees through SBCD.

For those who wants to mail their forms and checks:

Make your check payable to:

Southern Baptist Conference of the Deaf

c/o Anna Austin

P.O. Box 5057

Maryville, TN 37802

# SBCD MESSENGERS

Article V (SBCD By-Laws) Messengers

**(For 13 Years Old and Up Only)**

1. Messengers to SBCD are deaf people and deaf ministry workers who are active members of Southern Baptist churches;
2. Messengers to SBCD must be duly elected by their churches as messengers and have secured the signature of their staff or church officer on the SBCD registration form;
3. Each church may elect a maximum of twenty (20) qualified messengers;
4. Messengers shall have full voting privileges. All other shall be recognized as visitors.

**For the year of 2019 with the approval of the church.**

Messenger's Name, Signed: \_\_\_\_\_

Messenger's Name, Printed: \_\_\_\_\_

Pastor/Leader's Name, Signed: \_\_\_\_\_

Pastor/Leader's Name, Printed: \_\_\_\_\_

Church Name: \_\_\_\_\_

Position: \_\_\_\_\_

**(Without Pastor/Leader's signature, you cannot vote at business meeting)**

**GENERAL RELEASE AND INDEMNIFICATION**  
**(FOR ADULT PARTICIPANTS AGE 19 AND OVER)**

For and in consideration of the Southern Baptist Conference of the Deaf, Inc. (SBCD) and Ridgecrest Conference Center at Ridgecrest, North Carolina permitting me, PARTICIPANT, to participate in the Southern Baptist Conference of the Deaf to be held July 15-19, 2019 hereafter referred to as "CONFERENCE", I hereby release the SBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have or claim to have against the arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD or Ridgecrest Conference Center.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's or Ridgecrest Conference Center negligence or otherwise.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD & Ridgecrest Conference Center. SBCD & Ridgecrest Conference Center, as the owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this General Release and Indemnification form shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

I further agree to indemnify and hold harmless the SBCD/Ridgecrest Conference Center from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the SBCD/BBC/BBDC arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD/Ridgecrest Conference Center and on SBCD's/Ridgecrest Conference Center's behalf and in SBCD's/Ridgecrest Conference Center's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

**SIGNED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PARTICIPANT (age 19 and over)**

**NAME PRINTED:** \_\_\_\_\_

## REQUIRED MEDICAL FORM

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Name of church and group leader or chaperone

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN  
(FOR PARTICIPANTS UNDER AGE 19)**

Full Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Complete Mailing Address of Child: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Please provide the name of another contact person in case parents cannot be contacted for an emergency.**

Contact Person's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relation to Child: \_\_\_\_\_

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### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Complete Mailing Address of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: (\_\_\_\_) \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Holder's Employer: \_\_\_\_\_

Social Security Number of Child: \_\_\_\_\_

Social Security Number of Policy Holder: \_\_\_\_\_

Medicaid or Medicare Claim Number: \_\_\_\_\_

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**MEDICAL INFORMATION**

Family Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is your child allergic to any food/medication(s)? \_\_\_\_\_ If so, list name(s) of  
food/medicine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is there any special health information, medication, allergies, we should know about your child?**

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last serious immunization: \_\_\_\_\_

Are all immunizations current? YES \_\_\_\_\_ NO \_\_\_\_\_

MINOR (Under age 19) PARTICIPANT'S NAME: \_\_\_\_\_

**GENERAL RELEASE AND INDEMNIFICATION**

**(FOR PARTICIPANTS UNDER AGE 19)**

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 19. For and in consideration of the Southern Baptist Conference of the Deaf (SBCD) and Ridgecrest Conference Center at Ridgecrest, North Carolina permitting PARTICIPANT to participate in the Southern Baptist Conference of the Deaf to be held July 15-19, 2019 hereafter referred to as "CONFERENCE", I hereby release the SBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the SBCD arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD.

I further agree to indemnify and hold harmless the SBCD from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT's heirs, executors, administrators, or assigns may have or claim to have against the SBCD arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD and on SBCD's behalf and in SBCD's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's negligence or otherwise.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not SBCD, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardian of minors. I release SBCD and Ridgecrest Conference Center from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SBCD AND Ridgecrest Conference Center events. guest medical supplement will assist within current/prescribed limitations in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, guest medical supplement will also assist within current/prescribed limitations.



**Transportation Release;** I (we) hereby waive, release and discharge SBCD and Ridgecrest Conference Center, their staff, employees, and agents from any claim or cause of action of any kind related to transportation of the above minor child, to and from any SBCD and Ridgecrest Conference Center events in which said child may participate. Also, I (we) waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action arising during, before, after or otherwise related to the SBCD/Ridgecrest Conference Center events.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD/Ridgecrest Conference Center. SBCD/Ridgecrest Conference Center, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY PUBLIC**

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SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN(S)

DATE

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SIGNATURE OF NOTARY PUBLIC

DATE

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PRINTED NAME OF NOTARY PUBLIC  
(CANNOT BE NOTARIZED BY SELF OR SPOUSE)

MY COMMISSION EXPIRES

SEAL