Valley Baptist Mission Education Center
Valley Baptist Retreat
1600 E Business 83
Reservations (956)585-4393

Participant Individual Release Form

Please sign below and turn in one form for each participant upon arrival at VBMEC/ Valley Baptist Retreat campus.

I _____, (minors must have parent's name here) speaking for myself or my child, do hereby agree to release and hold harmless Valley Baptist Mission Education Center/Valley Baptist Retreat, its staff, its board, Rio Grande Valley Baptist Association, the Baptist General Convention of Texas and all supporting ministries of **any responsibility for accidental injuries, sicknesses or incidents sustained during our time at VBMEC/ Valley Baptist Retreat**. We do hereby give the staff of VBMEC/ Valley Baptist Retreat permission to hospitalize, secure treatment as deemed necessary should the leader of the group not be available to make said decisions. I also acknowledge that I have read and agree to the policies and procedures of VBMEC/ Valley Baptist Retreat, and that if I violate any rules of the facility there or otherwise posted, that I can be asked to leave at my own expense without repercussions to VBMEC/ Valley Baptist Retreat . This decision is to be determined by the board or the on duty Director. I hereby understand and consent to the use of any photographs/videos taken at the facility or VBMEC / Valley Baptist Retreat sponsored activities to be used in the use of VBMEC promotional materials.

I _____(attendee name) have read and agree to abide by the policies set forth by VBMEC/ Valley Baptist Retreat and understand that if I violate these, I can be asked to leave the facility at my own expense.

_____ _____
Attendee Signature Date

_____ _____
Parent signature if Attendee is under 18 Date

Group Name attending with: **New Life Family Church RGV**