

## Church Group Leader Information

Thank you for bringing your church to camp at Riverbend Retreat Center. In order for you to have all the information and required documents needed, we have put together this document with information for you needs. Other information may be found in the Summer Camp Director Handbook.

### Each Church is required to:

- Complete a Sponsor Certification form that lists all sponsors attending with your group. (Sample found on Appendix 3, must be retyped on Church's Letterhead)
- Have a Criminal Background Check completed and on-file for all sponsors attending with your group. (Information is found on Appendix 11)
- Have checked all sponsors attending with your group against the State Sex Offender Database (Check with the vendor you use for Criminal Background Check to see if this is a part of their check).
- Ensure that all sponsors attending with your group has completed the training and passed the test for the Child Abuse Prevention Training. (Training and Test Material can be found at our website, riverbendretreat.org.)
- Request a Certificate of Liability from your church's insurance company. You may bring this with you or have the insurance company send it to us (A sample can be found on Appendix 13)
- Ensure that all attending has completed a Camper (Appendix 1) or Adult/Sponsor Registration Form (Appendix 2). These must be done by any individual coming to camp. Do not use an old form. The forms should have the current year at the top.
- If a special event (ice cream, watermelon, etc) is desired, fill out the Special Event Scheduling Form at [bendspecialevents.org](http://bendspecialevents.org) at least 2 weeks before arrival

### Each Adult/Sponsor is required to:

- Complete the Child Abuse Prevention Training and passed the exam (Training and Test Material can be found at our website, riverbendretreat.org).
- Completed an Adult/Sponsor Registration Form (Appendix 2)
- Completed a Food Allergy and Special Dietary Need form if applicable at [www.bendfoodallergy.org](http://www.bendfoodallergy.org).

### Each Camper is required to:

- Completed a Camper Registration Form (Appendix 1)
- Completed a Food Allergy and Special Dietary Need form if applicable at [www.bendfoodallergy.org](http://www.bendfoodallergy.org).

# SPONSORS' GUIDELINES

**\*\*Please make a copy of these to give to your sponsors.  
You can add more guidelines to suit your needs.**

Being a good sponsor means stepping up to the awesome, **24 hours a day**, responsibility of caring for someone else's children physically, mentally, emotionally and spiritually. Webster's Expanded Dictionary defines RESPONSIBILITY as "answerable; accountable; important". A sponsor is acting "**Loco Parenti**" which means "in the place of parents". This is an opportunity that should be taken with great thought and care.

- I.** It is the sponsor's responsibility to ensure their camper(s) do not participate in any activity listed as a limitation on Camper Registration Form (Appendix 1). Sponsors should make sure they are familiar with their camper's registration form and medical needs. Please be aware of privacy issues of medical needs and only communicate on a "Need to Know" basis.
- II.** SPONSOR PRIVILEGES are defined by your unique position as both a trusted church leader who is asked to shepherd precious young people and are required to assure health, safety and security for the campers. Privileges include:
  - A. Sponsor campers. Help ensure safety and well-being while at camp and in transit.
  - B. Parent, teacher, confidant, disciplinarian, staff member and friend to each camper in your group.
  - C. Represent your church, Riverbend and the Lord Jesus Christ.
  - D. To provide an atmosphere conducive to spiritual growth for those who are already Christians.
  - E. To maintain a prayerful sensitivity that God might call some to special service and then to help them in their response.
  - F. Guide young people to understand and apply proper Christian relationship principles with their peers and leaders.
  - G. To make CAMP the most fun experience ever.
- III.** SPONSOR RESPONSIBILITIES include the primary requirement to assure that the campers in your group cooperate with all the Riverbend Guidelines.
  - A. Sponsors must maintain continuous supervision of their group (maximum of 10 campers) always. This is a Texas Department of State Health Services requirement. Supervision is never handed over to Riverbend staff. This requires cooperation with other sponsors to assure that no camper is overlooked. The State definition of supervised is:

A person is supervised if the person is within sight, except for infrequent momentary periods such as restroom breaks, and within reasonable hearing distance of a camper's outcry, of an adult with an obligation to report inappropriate or dangerous activities or behavior who has been made aware that the obligation is in effect at that time and who has willingly accepted the obligation.
  - B. Be vigilant for safety issues 24 hours a day.
  - C. There is to be NO river access.
  - D. Many campers' "sicknesses" are due to not drinking enough water. Encourage three glasses of water or non-caffeine drinks at meals and frequent fluids at activities.
  - E. Please make yourself aware of correct body spill clean-up methods. Riverbend keeps "Body Spill Clean-up Kits" in the office. You can contact the Camp Health Officer or camp staff to obtain a kit.
  - F. It is important to know your campers. Know each camper in your group by name and foster a spirit of mutual accountability.
  - G. Please help be good stewards of God's resources at Riverbend by keeping doors closed and turning off lights. If thermostats are adjusted, they will return to their previous setting each day.

- H. NO ONE is to remain in the cabins/lodges during scheduled activities.
  - I. It is the responsibility of the sponsors to provide wake-up service and are responsible to assure that their group is on time. The sponsors should monitor their group during worship services.
  - J. Sponsors are responsible to put campers to bed and ensure they stay in the cabin after “lights out”.
  - K. Seek opportunity early in the week to talk with your campers individually about their relationship with the Lord. If you need assistance, ask your church leader or camp staff. It is best not to talk with your campers during the invitation unless they ask a specific question.
- IV.** LEAD your group to pray for the unsaved at the camp and especially in your group.
- V.** CAMPER PROBLEMS:
- A. Handle problems which you observe in behavior immediately. If you require assistance, include your Church Leader.
  - B. Personal problems which the campers bring to you need to be taken seriously and discussed with them as soon as practical. However, you will not be able to handle all their problems and may need to refer them to parental or pastoral care.
  - C. If further disciplinary actions are needed, see page 7, Section V.
- VI.** ILLNESS OR INJURY:
- A. Camper must be taken to the Camp Health Officer (CHO) or call emergency personnel (if applicable). Appropriate forms must be completed (see Camp Health Information)
  - B. Call the Summer Camp Director and the Riverbend on-call staff as needed.
  - C. A camper who is exhibiting symptoms that made lead to a communicable virus or disease diagnosis, that camper must be isolated and arrangement for their departure from take place as soon as possible.
  - D. If transportation is needed, notify the Summer Camp Director, CHO or Riverbend Staff and send a qualified adult with the camper. Some qualifications are to be responsible, preferably know family and camper, and provide assurance to camper, etc. For critical injuries, the CHO or person with an equal or greater certification must accompany camper to hospital. In this event, please make sure that adequate health care is provided in the CHO’s absence.
  - E. CHO, Summer Camp Director, Church Leader or Riverbend Staff will make all calls to parents, doctors, or hospitals as required. Depending on the nature of the illness/injury the parent/guardian may be asked to meet their child at the doctor/hospital. Please be calm and collective when calling parents. Please be aware of privacy aspects of medical needs and communicate to only those that “Need to Know”.
- VII.** Cleaning products are in the closet of your cabin’s conference room. They are kept locked for safety reasons. The code is 1232. If you run out of products, let the office know. Staff will come by once each day to check paper products and trash. Your Summer Camp Director will provide you with a cleaning check list on the last day of camp.
- VIII.** For Emergency Procedures and Child Abuse Prevention Procedures see pages 13-15.
- IX.** Please familiarize yourself with all Summer Camp Directors’, Church Leaders’, Parents’/Guardians Guidelines on pages 5-12.



Campers' Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Church: \_\_\_\_\_ Camp Name: \_\_\_\_\_

## Camper Registration Form - 2022

(under 18 years of age)

**I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers**

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with \_\_\_\_\_ Church, City: \_\_\_\_\_ Cabin #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_ SS# (ins. purposes only): \_\_\_\_\_

Parent's/Legal Guardian's Name(s): \_\_\_\_\_, \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

**Are all immunizations current for your child:**  Yes or  No **If no please specify what is not:** \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

If your child has food allergies or special nutritional needs, please go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

\*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the Summer Camp Director, Executive Director, his designee, the child's sponsor, and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions: Acetaminophen Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea  
 I would prefer my child not be administered the following from the above list: \_\_\_\_\_

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. If the church your camper attends with has insurance, they will be second and Riverbend's will be third and for accidents only – no illness coverage.

Insurance Company: \_\_\_\_\_ in name of: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Medication	Dosage	Frequency / Time(s)	Comments

**All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Camp Health Officer the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.**

**I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.**

**If parent cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the undersigned parent or guardian, hereby consent to my child/youth participating in Summer Camp at Riverbend Retreat Center, an event sponsored by \_\_\_\_\_ Church on \_\_\_\_\_ 2022. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings, and Wet Willie slide, archery, Archery Tag, Ga-Ga Ball, challenge (ropes) course, zip line, climbing wall and structure, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball. I would prefer my child not participate in the following activities: \_\_\_\_\_.

**RELEASE AND INDEMNITY**

**I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.**

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to Riverbend Retreat Center for any photographs, videos and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I or my child will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS PARENT AND /OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE. I AM AUTHORIZED TO SIGN THIS RELEASE BY AND ON BEHALF OF MY CHILD'S CO-PARENT OR CO-GUARDIAN. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campers' Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Church: \_\_\_\_\_ Camp Name: \_\_\_\_\_

**Adult / Leader/Sponsor  
Registration Form - 2022**  
(18 years of age and over)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
I am attending with \_\_\_\_\_ Church

Please check here \_\_\_\_\_ if you do not want to be added to Riverbend's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary)

Allergies: \_\_\_\_\_

If you have food allergies or special nutritional needs, please go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

Please do not attend camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If you have any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

\*All medications must be given to the Camp Health Officer (Yes, even for adults). Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for allergies (prescribed by doctor) bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I understand that medical care is provided by the group I am attending with and not by Riverbend Retreat Center.

**In an emergency, please contact:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company: \_\_\_\_\_ in Name of: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**I understand that my insurance coverage will be the primary coverage. If church you are attending with carries coverage, it will be second and Riverbend third for accidents only – no illness coverage.**

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for me. Riverbend's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.

**RELEASE AND INDEMNITY**

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE “INDEMNIFIED PARTIES”) FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY’S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I further give permission and consent to Riverbend Retreat Center for any photographs, videos and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

**I state that I have received information and training to perform the duties of an adult sponsor.**

**I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND INDEMNITY AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sponsor Certification\*

Please fill out the following letter, print on **church letterhead**, **notarize**, and turn into the camp office upon your arrival.

**TO RIVERBEND RETREAT CENTER:**

This shall certify that the names of the Adult Leaders listed below are the only individuals who will be sent by \_\_\_\_\_ Church to attend, supervise and counsel the campers while at Riverbend Retreat Center. This certifies that each individual named below has the requisite character, responsibility, and ability to work with and around children and youth and are free from any propensity to commit child abuse.

This also verifies that they have passed the Child Abuse Prevention Training within the last two years and I will have these results (either test or certificate) onsite while at camp and will produce them upon request of the Texas Department of State Health Services.

I further verify that an annual Criminal Background Check and Sex Offender Database Check have also been completed and are clear. The results of these background checks are located at \_\_\_\_\_ (church address) and will be made available to Riverbend Retreat Center, upon request of the Texas Department of State Health Services, within two business days and agree that our church will be responsible for up to a \$1,000 per day per violation, if not provided.

I also agree that all applications, background checks, training documentation, and other required documentation required by these rules shall be maintained in hard copy or electronic format for a **minimum of two years following that** individual’s last day of service.

Name of sponsors:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

There are additional pages of names of sponsors connected to this letter.

Sponsor Church: \_\_\_\_\_

By: \_\_\_\_\_  
Pastor’s Signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print

Notarized by: \_\_\_\_\_  
State of Texas, County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022

## Criminal Background Check General Information

“Child sexual abuse strikes children from every social background, race, and age. Often it occurs in settings where children or youth completely trust adults-homes, schools, camps, athletic and park programs, and most sadly, the church. Child sexual abuse can happen in any church-*including yours*. A profound legal and moral obligation exists to reduce the possibility of child sexual abuse from ever occurring.”<sup>1</sup>

Realizing that the local church and camps are classified as a “high risk” setting when it comes to child abuse, it is essential we, as leaders take necessary precautions to ensure a safe environment for our children. It is an issue all churches and Christian Ministries should consider and be proactive in getting policies and procedures into place before an incident occurs.

One important aspect of Riverbend’s child abuse prevention policy is the criminal background check. **Texas Department of State Health Services now requires an annual sex offender database check and an annual Criminal Background Check. Also, don’t forget the Child Abuse Prevention Training course and test.**

Below are some options you might consider running the Criminal Background Checks:

- Video Based Child Abuse Prevention Training available free at [ministrygrid.com](http://ministrygrid.com). Use Membership Code MDVQ-VCDJ - <https://ministrygrid.lifeway.com/#/redeem-invite/MDVQ/VCDJ>
- [Protectmyministry.com](http://Protectmyministry.com) – Background Checks and Child Abuse Prevention Training.
- [Safechurches.com](http://Safechurches.com) – Instant Criminal and Sex Offender Database as well as other in-depth searches. Prices range from \$6.00 - \$10.50 per name.
- [NationalCrimeSearch.com](http://NationalCrimeSearch.com) (NCS) – Instant criminal history checks including motor vehicle records. 24-hour online service.

Please call the Riverbend office if you have questions about this process or need more information.

**\*\*Riverbend requires the “Sponsor Certification” form (Appendix 3) for each church group. Please note that this form confirms that you and all your leaders/helpers (over the age of 18) have completed the Criminal Background Check, Sex Offender Database Check, and Child Abuse Prevention Training and upon the request of the Texas Department of State Health Services will provide them to Riverbend within two business days. If not provided, would be responsible for fines up to \$1,000 per day per violation if imposed by state.**

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<sup>1</sup> Reducing the Risk of Child Sexual abuse in Your Church, Richard R. Hammer, Steven W. Klipowicz, & James F. Cobble, Jr., Christian Ministry Resources, 1993. (704)841-8066

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
 AUTHORIZATION/WAIVER/INDEMNITY

RIVERBEND RETREAT CENTER  
 1232 County Rd. 411B, Glen Rose, TX 76043, 254-897-4011, 888-269-2363

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Other names by which you have been known (if any) \_\_\_\_\_

Note: May include maiden name or names that were changed for other reasons.

I HEREBY GIVE MY PERMISSION FOR RIVERBEND RETREAT CENTER TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTER OF TARRANT COUNTY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE JUVENILE OFFENSES, ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY RIVERBEND RETREAT CENTER AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE VOLUNTEER CENTER OF TARRANT COUNTY AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS AND HOLD THEM HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER (INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF THE VOLUNTEER CENTERS OF TARRANT COUNTY), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGORUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

\_\_\_\_\_  
 PLEASE PRINT NAME

\_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE DATE  
 (For Applicant's under 18 years of age)

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 3/27/2007
PRODUCER Wm Rigg Co, Inc. - Ft. Worth 777 Main St, Suite C50 Fort Worth TX 76102 (817) 820-8100 (817) 870-0310		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED		INSURERS AFFORDING COVERAGE
		INSURER A: Texas Mutual Insurance Co. NAIC # 22945
		INSURER B: Philadelphia Indemnity Ins. NAIC # 23850
		INSURER C:
		INSURER D:
		INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSR NO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	X	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		3/31/2007	3/31/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS + COMP/OP AGG \$ 2,000,000
B	X	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		/31/2007	3/31/2008	COMBINED SINGLE LIMIT (Eq accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AGG \$
B			EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$		3/31/2007	3/31/2008	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below: OTHER		12/21/2006	12/21/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Name of YOUR Camp OR Date of YOUR Camp...  
 Please ask your agent to put name of city if you are a First Baptist Church (there are lots of First Baptist Churches) ☺

<b>CERTIFICATE HOLDER</b>  RIVERBEND RETREAT CENTER 1232 County Rd 411B GLEN ROSE TX 76403 Fax: 1-254-897-3960	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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