



# 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: \_\_\_\_\_