



Application for Grace Gulf Coast Tres Dias Weekend

- Men's Weekend
- Women's Weekend

Name	Preferred Name	Date of Birth	Sponsor's Name					
Street Address	Email Address	Cell Phone		Work Phone				
City, State & Zip	T-shirt Size:	S <input type="radio"/>	M <input type="radio"/>	L <input type="radio"/>	XL <input type="radio"/>	2XL <input type="radio"/>	3XL <input type="radio"/>	4XL <input type="radio"/>

Marital Status: Single Engaged Married Name of Spouse/Fiancé: _____

If married or engaged, has your spouse/fiancé attended a Tres Dias or equivalent weekend?

- Yes Community Name: _____ When? _____
- No Are they planning to attend this same set of weekends? No Yes

Are you a Christian? No Yes Church attending: _____

Clergy Member? No Yes Church or Ministry Name: _____

Do you have any special needs? (i.e. wheelchair, difficulty walking or sitting, chronic illness, special diet, food allergies, sleeping arrangements that require an upper/lower bunk, or a bunk near a plug) No Yes

If Yes, please describe: _____

Please be advised that there are NO MEDICAL PERSONNEL on site at a Grace Gulf Coast Tres Dias weekend. In the event of a medical emergency, treatment is 20-30 minutes away.

In case of emergency, please notify:

Name	Phone	Relationship
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Do you take any medication on a regular basis? No...skip to signature line

Yes...read and make selection below

You will not have access to a clock or watch during the weekend. Once you leave your dorm room in the morning you typically do not return until bedtime. Medications that you take during the daytime can either be carried with you or someone can bring them to you at an appointed time. Please select how you would like to manage your medication:

- I would like someone to bring my medications to me at an appointed time or tell me when it is time to take them.
- I would like to manage my medication on my own.

Signature	Print Name	Date Signed
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For questions regarding this application, please email applications@ggctd.org.



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SPONSOR: After careful thought & prayerful consideration of the essentials of candidate sponsorship of Tres Dias, I hereby approve and recommend this candidate for the weekend and I commit myself to support this candidate BEFORE, DURING, & AFTER the weekend. I have reviewed with the candidate the information on this application and verify that all information is complete and correct and that any known medical conditions or special requirements relating to medication, diet, sleeping, mobility or any other special accommodations/needs have been discussed with the candidate and disclosed on this form.

Candidate's Name

Sponsor's Name

Sponsor's Phone

Sponsor's Email

Sponsor's Signature

Date Signed

Are you driving your candidate to camp? Yes No

If no, provide the name and cell phone of the person who is.

Camp Fee Total: \$170.00

Amount enclosed: _____

Balance Remaining: _____

Driver's Name

Driver's Cell #

Who will pay the remaining balance?

- Sponsor
- Candidate

CANDIDATES CANNOT BE ADDED TO THE LIST UNTIL WE HAVE A FULLY COMPLETED APPLICATION & \$25 DEPOSIT OR FULL PAYMENT.

Make check payable to GGCTD and mail it along with this completed application and waiver forms to:

Juan and Beth El Gomez
 7403 Lone Star Junction
 Richmond, TX 77406

For questions regarding this application, please email applications@ggctd.org.



Release for Grace Gulf Coast Tres Dias

I understand that Grace Gulf Coast Tres Dias (“GGCTD”) does not own the camp where my Tres Dias weekend will take place, and has limited control over the facility. I therefore agree to release and indemnify GGCTD to the same extent that I release and indemnify Sandy Creek Bible Camp for any and all injuries which I may receive while participating in the weekend. I further and expressly release, indemnify and hold harmless GGCTD, its officers and directors, and any volunteers participating in my weekend from any and all claims for personal injury, death, or loss or destruction of property.

I further represent and warrant that I have disclosed in writing to GGCTD, on this application, each and every medical condition or issue I am aware of having which does or could require medications, special diets, sleeping accommodations, restrooms or other special considerations or facilities. I am not aware of any physical, mental or emotional limitations I have which would make it difficult for me participate in normal day-to-day activities.

Signature

Date

Print Name



WAIVER OF CLAIM
SANDY CREEK BIBLE CAMP ACTIVITIES

This Waiver of Claim (the “Waiver”) is given for the following purposes:

1. I hereby desire to participate in various activities while on or about the premises of Sandy Creek Bible Camp without any supervision supplied by Sandy Creek Bible Camp.
2. I recognize that although the odds of serious injury or death is low, nevertheless, a body that slips or falls may have a reaction to the immediate injury or the treatment for such injury that results in a medical condition that could lead to serious injury or death.
3. I agree that in exchange for Sandy Creek Bible Camp allowing me to participate in the activities on the premises that I in my individual capacities will not assert or pursue a claim for personal injury against Sandy Creek Bible Camp or any person or entity or fellow participant that conducts or participates in any activity on the premises. More specifically, I hereby WAIVE and RENOUNCE and RELEASE any claim for personal injury suffered by me during activities regardless of the cause of the injury, that is, regardless of whether the injury is caused by participating in the planned activity or injury caused by movement on the premises or the mere going to and from the site where the activity takes place and regardless of whether the injury is caused by the negligence of any person or entity involved in the activity or the condition of the premises where the activity takes place SAVE and EXCEPT injury caused by gross negligence of Sandy Creek Bible Camp acting through its agents, servants, employees, officers, directors or owners.
4. I agree that if any claim is brought by any participant against Sandy Creek Bible Camp or any employee, agent, owner, director or officer of Sandy Creek Bible Camp because of my actions or omissions while participating in activities on the premises of Sandy Creek Bible Camp, I shall INDEMNIFY and HOLD HARMLESS Sandy Creek Bible Camp, its employees, agents, owners, officers and directors from and against any such claim including the duty to investigate, defend and pay on the part of Sandy Creek Bible Camp.
5. Texas law governs the interpretation and enforcement of this Waiver. Venue of any dispute will be in the county where Sandy Creek Bible Camp is located. Any claim shall be first discussed among the claimant(s) and Sandy Creek before any suit if filed by way of face-to-face meeting on the premises, and thereafter, by way of non-binding mediation BEFORE suit to interpret or enforce is filed.

Signature

Date

Print Name