

# General Release & Authorization Form

## Missions Connection Celebration (MC2) | July 20-24, 2026

Forms are not valid without proper initials and signatures in all areas.

**IMPORTANT: 4 copies per person are needed. Bring all 4 copies with you to check-in at Eagle Eyrie. (1 copy for Eagle Eyrie, 1 copy for church leader, 1 copy for nametags, 1 copy for worksite/children classes)**

### General Information:

Participant's Name (*Last Name, First Name*): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names (if under 21 years of age): \_\_\_\_\_

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

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

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

### General Release

I acknowledge and understand the release and responsibility issues related with MC2 (Missions Connection Celebration), July 20-24, 2026. Furthermore, I acknowledge that participants at MC2 may be engaging in the following activities: hiking, sports, swimming, yard work, and construction (painting, hammering, sawing, etc.).

Parent's Initials: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_

### Authorization for Treatment

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by MC2 (Missions Connection Celebration) and the physician or hospital staff during MC2.

Parent's Initials: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_

### Release of Claims and Liability

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents of MC2 (Missions Connection Celebration) and Eagle Eyrie Baptist Conference Center from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Parent's Initials: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_

### Release of Likeness

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for pictures and videos to be taken and used for promotion of MC2 (Missions Connection Celebration).

Parent's Initials: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_

### Assumption of Responsibilities

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills. A supplemental accident insurance plan is provided by Eagle Eyrie Baptist Conference Center. Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by MC2. And should it be necessary for my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Parent's Initials: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Custodial Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if participant is under 21 years of age)

# Medical Information Form

## Missions Connection Celebration (MC2) | July 20-24, 2026

**IMPORTANT: 4 copies per person are needed. Bring all 4 copies with you to check-in at Eagle Eyrie. (1 copy for Eagle Eyrie, 1 copy for church leader, 1 copy for nametags, 1 copy for worksite/children's classes)**

Participant's Name (*Last Name, First Name*): \_\_\_\_\_

**In Emergency, notify:**

Church Contact Person at Eagle Eyrie: \_\_\_\_\_

Church Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Other Insurance Info: \_\_\_\_\_

**Medical Information:**

- |                                    |  |                                     |   |
|------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Sinusitis                 | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Trouble   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Heart Trouble             | <input type="checkbox"/> Dizziness  | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Epilepsy/Seizure Disorder |                                     |   |

Explain, if necessary: \_\_\_\_\_

Date of Immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_

Allergies:

Foods: \_\_\_\_\_

Drugs: \_\_\_\_\_

Insects: \_\_\_\_\_

Poison: Sumac, Oak, Ivy: \_\_\_\_\_

Previous Operations/Illnesses: \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Childhood Diseases:  Chickenpox  Measles  Mumps  Whooping Cough

**Please print the Medical Information Form and General Release & Authorization Form on same sheet (front and back). One sheet works best for storing in each participant's nametag lanyard.**



# Waiver for the Night Hike

- I am aware that the terrain is challenging, grassy in some spots, rocky in others, and straight up the mountain.  
The length, from bottom to top, is 1.02 miles (UP a Mountain).  
Walking sticks are highly recommended.  
Bug spray is highly recommended.
- I agree to wear proper attire, including boots or heavy shoes (no flip-flops or sandals).
- I am carrying a bottle of water.
- I have a flashlight.
- I have a buddy and will stay with that buddy the entire time we are hiking.  
*Note: You must be 12 years or older; if younger than 12, an adult or teen (18+) must be with you as a "buddy".*
- I understand that everyone must wait at the top for the entire group to arrive and agree to do this.  
*Note: Watch for bees (yellow jackets have been prolific this year).*
- I understand that everyone must wait at the bottom for the entire group to come back down and agree to do this.
- I have read, understand, and will abide by the rules and suggestions presented.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please bring this form with you and give to the Night Hike Leader on Thursday, July 23, 2026.**

# BACKGROUND CHECK FORM (Next three pages)

## BAPTIST GENERAL ASSOCIATION OF VIRGINIA

2828 Emerywood Parkway

Henrico, VA 23294

BGAV.org

800.255.2428

Thank you so much for volunteering through the Baptist General Association of Virginia (BGAV). The desire of your church and individual congregants to serve Christ is important to us, and we will do all we can to help fulfill that calling.

As a Kingdom partner, we want to do all that we can do to ensure that we are providing a safe and secure environment for the minors and the intellectually or physically disabled with whom we work and minister to. To help us achieve this goal, we now require that each church complete a criminal background check through a reputable company for each adult 18 years or older planning to participate in a BGAV-sponsored event or mission trip. Any official background check your church has conducted within the past four years is acceptable.

If any background check comes back with a felony or serious driving issue, please contact our business office to confidentially discuss the issue. Any person who is found to have criminal convictions related to sexual offenses or felonies related to children shall in no case be permitted to attend. Some examples of offenses that will restrict a volunteer from service:

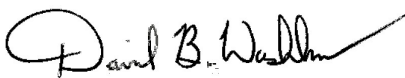
- Criminal homicide
- Aggravated assault
- Enticing a child
- Sexual abuse
- Sexual assault (rape)
- Kidnapping or unlawful restraint
- Incest
- Public lewdness or indecent exposure
- Injury to a child
- Abandonment or endangerment of a child
- Crimes related to the possession, use or sale of drugs or controlled substance

This process is not intended to question the character of the individual or their value to BGAV. Our sole concern is that we have done all that we can do to assure all involved that we are providing a safe and secure environment for our minors.

Once background checks have been completed for each person, ensuring that all of the above requirements have been met, please have a ministerial staff member or church officer complete and sign the certification statement and return to **Eagle Eyrie Baptist Conference Center, 1 Eagle Eyrie Drive, Lynchburg, VA 24503**, three (3) weeks prior to the event.

We are deeply grateful for your partnership and excited that you want to help advance the Redeemer's Kingdom as part of the BGAV.

Sincerely,



David B. Washburn, Treasurer



**SPONSOR/VOLUNTEER  
SCREENING CERTIFICATE**



Please list the name of each adult (18 years and older) who will be coming with your group (including staff, chaperones and visitors). You will need to conduct a criminal background check through a reputable company for each person listed. Any official background check that your church has conducted within the past four years is acceptable. If any background check comes back with a felony or serious driving issue, you must contact Eagle Eyrie’s director to confidentially discuss issue at 434-384-2211. (No personal information needs to be shared, only incident or issues). Any person who is found to have criminal convictions related to sexual offenses or felonies related to children shall in no case be permitted to attend.

A ministerial staff member or officer of your church must complete and sign the certification statement at the bottom of this page. The completed forms are due three (3) weeks prior to the event. Failure to comply may result in an inability to participate in the event or trip. Thank you for making the effort to protect the well-being of all our participants, as well as your own children and adults.

In addition, each volunteer must sign the Baptist General Association of Virginia Sponsor/Volunteer Expectations form. Please return all documents to **Eagle Eyrie Baptist Conference Center**.

Adult’s Name	Gender (M/F)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

I certify that our church, named below, has conducted a criminal background check for each person listed above, and we affirm him or her as an adult sponsor/volunteer for our group. I further certify that I am a staff member or officer of the church named below and, thereby, an official representative of the church.

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

Church Phone Number \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

Ministerial Staff Member/Officer of the Church (Name Printed) \_\_\_\_\_

Ministerial Staff Member/Officer of the Church (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name of Event/Trip Attending \_\_\_\_\_

Date of Event Attending \_\_\_\_\_

While acting as a volunteer with the Baptist General Association of Virginia (BGAV) the following rules shall apply:

1. Using, possessing, or being under the influence of tobacco products, alcohol, illegal, or illicit drugs will not be tolerated.
2. Volunteers serving with minors or the intellectually or physically disabled shall not abuse said individuals, including:
  - Any direct observations or evidence of sexual activity in the presence of or in association with individuals;
  - Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards an individual;
  - Sexual advances or sexual activity of any kind;
  - Infliction of physically abusive behavior or bodily injury to an individual;
  - Physical neglect of an individual, including failure to provide adequate supervision in relation to the activities of BGAV.
  - Actions causing mental or emotional injury to an individual;
  - The presence or possession of obscene or pornographic materials at any function of BGAV.
  - The presence, possession, or being under the influence of any illegal, illicit drugs;
  - The consumption of or being under the influence of alcohol while leading or participating in a function for individuals of BGAV.
3. Volunteers must treat all people with respect and consideration.
4. Volunteers shall not use or tolerate the use of profanity in the presence of individuals.
5. Volunteers must be free of physical and psychological conditions that might adversely affect any individual's health, including, but not limited to, contagious disease.
6. Volunteers will portray a positive role model for individuals by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
7. Volunteers will be expected to act and react with Christian love and understanding in all situations.
8. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a minor or the intellectually or physically disabled other than one in their own custodial responsibility.
9. I understand that any violation of this code may result in my removal as a volunteer with the BGAV.
10. I understand that I am a volunteer at will, meaning that either I or the BGAV may end the volunteer relationship at any time and for any reason.

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

Sponsor/Volunteer Signature \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

## MC2 Dress Code – 2026

### Students should NOT pack anything that:

- Advertises alcohol, tobacco, or illegal drugs;
- Explicitly or implicitly promotes racism, sexism, or hatred of any group or person;
- Explicitly or implicitly refers to sexual actions or situations;
- Has spaghetti/small straps or open back, except for sleepwear;
- Is excessively short or tight fitting.

### While at camp, we ask that students:

- Wear modest shorts (when hands are extended to the back or the front, fingertips must touch fabric). Sleeveless shirts are allowed during day-time activities. Shirts with spaghetti straps or excessive armpit cutouts (exposing torso and undergarments) are NOT allowed.
- Wear closed-toe and closed-heel shoes while on ministry job sites.
- Wear modest, one-piece bathing suits or two-piece suits covered with a dark colored t-shirt when swimming or traveling to and from the pool.
- Wear modest shorts, pants, jeans, or dresses for worship. Dresses with spaghetti or small straps, open backs, and excessively short lengths are unacceptable (when hands are extended to the back or the front, fingertips must touch fabric). Modest sleeveless tops are allowed in worship.
- Do not dress in a way that calls attention to underwear (sagging your pants, rolling down your waistbands, etc.) or wear pants or shorts with lettering on the bottom.
- Construction project participants are asked to wear long pants while working at their ministry job sites.
- Adult leaders have the responsibility of modeling and monitoring their group to ensure students are dressing appropriately.

## MC2 Cell Phone Policy - 2026

Eagle Eyrie Baptist Conference Center and the MC2 staff will support the decision of each church group leader in regard to allowing or not allowing cell phones at camp. However, if allowed, cell phone usage should be limited to free times and mealtimes as listed on the camp program. Unless instructed by MC2 personnel, students with cell phones are not permitted to have them out or in use during worship services, Bible study groups, or while on ministry job sites. Ringers must be kept on silent or vibrate throughout the week.

# Children Registration Form

**Turn in at Check-In on July 20, 2026**

## Children's Information

Grades 2-6

Name of Child: \_\_\_\_\_

Grade fall of 2026: \_\_\_\_\_

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

Lodge Name or Hotel Room # \_\_\_\_\_

**The following person listed below will be responsible for picking up your child each afternoon and evening at his/her classroom, and for emergency contact:**

Parent/Chaperone: \_\_\_\_\_

Chaperone's location at Eagle Eyrie: (specifically)

8:15am-12:15pm: \_\_\_\_\_

7:15pm-8:15pm: \_\_\_\_\_

Emergency telephone number (cell) \_\_\_\_\_

Allergies or other health problems:

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Background information regarding child that may be helpful (adopted, family crisis, social issues):

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# Preschooler Registration Form

*Turn in at Check-In on July 20, 2026*

## Preschooler's Information

Infants – Grade 1

Name of Child: \_\_\_\_\_

Grade fall of 2026: \_\_\_\_\_

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

Lodge Name or Hotel Room # \_\_\_\_\_

**The following person listed below will be responsible for picking up your child each afternoon and evening at his/her classroom, and for emergency contact:**

Parent/Chaperone: \_\_\_\_\_

Chaperone's location at Eagle Eyrie: (specifically)

8:15am-12:15pm: \_\_\_\_\_

5:50pm-8:15pm: \_\_\_\_\_

Emergency telephone number (cell) \_\_\_\_\_

Allergies or other health problems:

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

Background information regarding child that may be helpful (adopted, family crisis, social issues):

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