



**INDIAN
FALLS CREEK**

**FORM 7: 2022 Indian Falls Creek Camp
GENERAL ADULT (18 yrs & Older)
Background Check Statement of Compliance:**



Adult students and adult campers (18 years of age and older) named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not attend Indian Falls Creek Camp with students under the age of eighteen (18). The participating church warrants it has used (Name of Company) _____ to perform nationwide criminal background check of the National Registry of Sex Offenders, and a state/county criminal check on all adults who are 18 years of age or older. The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought no adult students or adults (18 years of age and older) not listed on this form. It is strongly recommended that all background checks and reports be completed and approved by July 1, 2022 **The church acknowledges that it is responsible for supervision of all campers (children, students and adults campers) and further warrants that it will exercise due diligence in the supervision of children, students and adult campers including those age 18 and older.**

Furthermore, in consideration of being allowed to attend Indian Falls Creek camp, the church hereby agrees to indemnify and hold harmless the BGCO, their agents or employees, against any and all causes of action, rights, claims or suit which may be against the BGCO, or their agents or employees as a result of the church's negligence in the selection and/or supervision of children, students and adult campers (18 years of age and older).

Listed below are names of all adult students and adult campers 18 years of age and older (alphabetized): (If needed, please continue listing names on another form. This summary sheet and the printed background check reports are to be presented in a separate clasped envelope marked "IFC General Adult Background Compliance and Reports". After being reviewed, these will be returned to the sponsor.

PLEASE PRINT:

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| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
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| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

Church Name: _____ Phone #: _____

Address: _____ City: _____ ST _____ ZIP _____

Group Leader Signature Name Printed Date