



Prestonwood Students

Beach Camp 2025 Scholarship Application

A significant portion of the actual cost for a student to attend this event is already subsidized by Prestonwood, but we realize that financial circumstances can make it difficult for families to pay the full registration fee. This scholarship covers a portion of the \$780 full-price registration of Beach Camp. The family/student is responsible to pay the agreed upon portion and any payment plan. **Forms need to be turned in ASAP to hold a spot.** Completing this application **DOES NOT GUARANTEE** financial assistance. Funds will be granted based on availability and qualified need. You will be contacted upon approval of your scholarship. **PLEASE submit the BEST number and e-mail to contact you.**

NOTE: PAYMENT PLANS ARE AVAILABLE IF NEEDED. Contact ldonley@prestonwood.org to make arrangements.

1. Student's Name _____
Parent's Name _____
Parent's Phone _____ Parent's Email _____

Student will be attending Beach Camp with the (circle one):

Plano Campus North Campus Español (Plano) Campus Español (North) Campus

2. Are you **(parent)** an active member at Prestonwood?

Active in a LifeGroup Bible Study? ___Yes ___No Active in a Worship Service? ___Yes ___No

3. Is your **student** an active member at Prestonwood?

Active in a LifeGroup Bible Study? ___Yes ___No Active in a Worship Service? ___Yes ___No

Attend MDWK on Wednesdays? ___Yes ___No

4. Have you been financially assisted by Prestonwood in the past? ___Yes ___No

If so, when? _____

5. Briefly explain why assistance is needed at this time. _____

6. If you have other children attending and/or receiving financial assistance from Prestonwood, please list their name(s) and the event they are planning to attend: _____

7. Payment Agreement – After receiving the following items, Prestonwood will review your application and contact you upon approval:

- ☐ This Scholarship Form
- ☐ Completed Registration Form
- ☐ Signed Waivers
- ☐ Deposit of \$150 (accepted by cash/check/credit card)

After approval, balance must be paid by June 30, 2025.

Completing an application **does not guarantee** financial assistance. Funds will be granted based on availability and qualified needs.

Parent Signature _____ Date _____

OFFICE USE ONLY

Date Rcvd: _____ Ch Stat _____

Payment Received _____ Ck/Cash/CC _____

Approved by: _____ NOTES: _____

Waivers

PRESTONWOOD BAPTIST CHURCH GENERAL LIABILITY WAIVER AND RELEASE

Prestonwood Baptist Church is hereinafter referred to as "PBC".

In consideration for my Student being allowed to participate in this Event and other valuable considerations the receipt of which is acknowledged, I hereby give permission for my Student to attend and participate in any and all activities sponsored by PBC (hereinafter "Activities"), including any Activities which may be of a hazardous nature and/or include physical and/or strenuous activity, and assume all risk associated herein. I hereby certify that, to my knowledge, my Student has not been exposed to any contagious disease within the past 30 days.

I hereby authorize PBC and its representatives to: transport my Student to or from the Activities, or in an emergency; include my Student in supervised water Activities; furnish any necessary transportation, food, and lodging; teach and lead my Student in religious lessons and services, including prayer and Bible teaching.

I understand that my Student's lack of cooperation with PBC policies/rules/values will result in his/her immediate return home. If my Student returns home for any reason, I, by typing my name below, shall assume all transportation costs, if any.

TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY AGREE TO UNCONDITIONALLY RELEASE, WAIVE, RELINQUISH, COVENANT NOT TO SUE, DEFEND, INDEMNIFY, AND FOREVER HOLD PBC, ITS AFFILIATES, AND ALL OF THEIR OFFICERS, DIRECTORS, MINISTERS, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO MY STUDENT, PROPERTY DAMAGE, ALLEGED EXPOSURE, INFECTION, OR ILLNESS CAUSED BY OR ARISING OUT OF ANY CONTAGIOUS CONDITIONS, INCLUDING COVID-19, OR DEATH, WHICH I NOW HAVE OR WHICH MAY ARISE IN THE FUTURE DIRECTLY OR INDIRECTLY ARISING OUT OF OR IN ANY WAY RELATING TO THE PROVISION OF MEDICAL TREATMENT, TRANSPORTATION, OR MY STUDENT'S PARTICIPATION IN THE ACTIVITIES OF ANY KIND OR NATURE WHEREVER OR HOWEVER THE SAME MAY OCCUR OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES, EXCEPT TO THE EXTENT OF THE PRESTONWOOD PARTIES' GROSS NEGLIGENCE. I AGREE TO BEAR ALL COSTS, INCLUDING ATTORNEYS' FEES, LITIGATION COSTS, EXPENSES, OR JUDGMENTS RESULTING FROM ANY CLAIMS OR LAWSUITS FILED BY ANYONE FOR MY STUDENT'S BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), DEATH, OR PROPERTY DAMAGE, WHICH IS ALLEGED TO HAVE RESULTED FROM STUDENT'S PARTICIPATION IN THE ACTIVITIES, OR EVENTS OF ANY NATURE THAT OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES. IT IS THE INTENTION OF THE PARTIES HERETO, AND BY TYPING MY NAME BELOW, I AGREE THAT I WILL PROTECT THE RELEASED PARTIES FROM ANY LIABILITY FOR BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, KIDNAPPING, AND DETENTION), PROPERTY DAMAGE, OR DEATH AS A CONSEQUENCE OF MY STUDENT'S PARTICIPATION IN THE ACTIVITIES, WHETHER OR NOT THE BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH IS ALSO CAUSED BY ACTS OR OMISSIONS OF RELEASED PARTIES OR ANY THIRD PARTY (INCLUDING OTHERS WHO MAY BE PARTICIPATING IN THE ACTIVITIES, INCLUDING DURING TRANSPORTATION).

I affirm that I will not permit my Student to participate in this Event or appear at PBC Facilities if my Student (i) is experiencing symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, (ii) has a suspected or diagnosed/confirmed case of COVID-19, (iii) has had exposure to any person who has a confirmed case of COVID-19 within the past 14 days, (iv) has returned from highly impacted areas subject to a CDC Level 3 Travel Health Notice with the past 14 days, or (v) has had exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice within the past 14 days. In addition, I hereby certify that, to my knowledge, my Student has not been exposed to any other contagious disease within the past 30 days.

I acknowledge that PBC does not ensure or guarantee an infection-free environment or that social distancing guidelines will be strictly followed during this Event. It is each Student's responsibility to utilize safety measures such as face coverings, adhere to CDC guidelines, and conduct himself or herself during the Event in such a way as to limit the possibility that Student and others will become infected with any contagious conditions, including COVID-19. By permitting my Student to attend this Event, I am knowingly and voluntarily subjecting my Student to possible exposure to any contagious diseases, including the COVID-19 virus, and the consequences thereof. I fully understand, accept, and assume all such risks and all responsibility for losses, costs, and damages that my Student or myself incur as a result of such risks.

It is the responsibility of the parent/guardian to notify PBC of any changes in guardianship, address, or phone number in writing to the address listed above.

By signing my name here, I agree to the above General Liability Waiver and Release:

Parent Signature _____ Date _____

PRESTONWOOD BAPTIST CHURCH EVENT MEDIA RELEASE

Prestonwood Baptist Church is hereinafter referred to as "PBC".

In consideration for my Student being allowed to participate in this Event and other valuable considerations the receipt of which is acknowledged, I understand photos and videos of my Student may be taken for use in PBC publications and that PBC shall have the exclusive right to control and determine the use, display, performance, reproduction, and dissemination of such photos and videos. I also understand publication of these photographs may be accomplished electronically via the Internet and that, after publication, PBC will be unable to prevent persons from gaining access to the Internet, copying my photographs and video therefrom, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against PBC from unconsented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet.

By signing my name here, I agree to the above Media Waiver:

Parent Signature _____ Date _____

PRESTONWOOD BAPTIST CHURCH EVENT MEDICAL RELEASE

Prestonwood Baptist Church is hereinafter referred to as "PBC".

I hereby authorize PBC and its representatives to: take my Student to the before named physician for medical treatment in the event of an emergency in which parent/emergency contact can be reached; and take my Student to any licensed physician or medical treatment center to treat my Student in case of emergency or when named physician cannot respond.

I hereby authorize any adult in whose care Student has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care for my Student under the supervision and on the advice of any licensed physician/dentist at a licensed medical treatment center/hospital, whether such diagnosis or treatment is rendered at a physician's/dentist's office, an urgent care facility, or a hospital. By typing my name below, I agree that I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my Student and to pay any and all costs related to transportation to the medical treatment center if transportation is by ambulance or otherwise.

I consent to Student being given any of the above medications (including generic equivalents), if deemed necessary by Beach Camp 2025 leaders. I understand that medication not properly labeled will not be given to my Student. I SHALL NOT HOLD PBC, INCLUDING ITS OFFICERS, DIRECTORS, MINISTERS, AGENTS, EMPLOYEES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS, LIABLE FOR ANY INJURY, ILLNESS, OR DAMAGE OF ANY KIND OR NATURE RESULTING FROM ADMINISTRATION OF MEDICATION TO MY STUDENT, EXCEPT IN CASES OF GROSS NEGLIGENCE. I AGREE TO INDEMNIFY AND HOLD HARMLESS PBC AND ITS AFFILIATES FOR ANY DAMAGE RESULTING FROM THE MISREPRESENTATION OF MEDICAL INFORMATION BY MY STUDENT OR MYSELF. The medical consent and liability waiver provisions hereof shall remain in full force and effect from the date of signature until written notice of revocation or withdrawal is received by PBC at its office at 6801 West Park Boulevard, Plano, TX 75093. It is the responsibility of the parent/guardian to notify PBC of any changes in medical condition, guardianship, address, or phone number in writing to the address listed above.

I consent to Student being given any of the above medications (including generic equivalents), if deemed necessary by Beach Camp 2025 leaders. I understand that medication not properly labeled will not be given to my Student. I agree to indemnify and hold harmless PBC and its affiliates for any damage resulting from the misrepresentation of medical information by my Student or myself. The medical consent and liability waiver provisions hereof shall remain in full force and effect from the date of signature until written notice of revocation or withdrawal is received by PBC at its office at 6801 West Park Boulevard, Plano, TX 75093. It is the responsibility of the parent/guardian to notify PBC of any changes in medical condition, guardianship, address, or phone number in writing to the address listed above.

By signing my name here, I agree to the above Medical Waiver and Release:

Parent Signature _____ Date _____