



**CAMP BENTLEY ADULT REGISTRATION AND HEALTH FORM**  
**2025**

Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_

First Time Attending \_\_\_\_\_ Roommate Request: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Church: \_\_\_\_\_

Nearest Friend or Relative: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Camp Bentley Adult Camp Permission Form**

**Agreement 1:** I give my permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Camp Bentley from liability in acting on my behalf in this regard so long as Camp Bentley is not grossly negligent. I give permission for off-site activities. I understand my insurance has primary responsibility and Camp Bentley's insurance is secondary in paying any claims.

\_\_\_\_\_  
Adult Camper Signature and Date, Agreement 1

**Agreement 2:** I hereby grant Camp Bentley permission to use my likeness in photographs in any and all of Camp Bentley's promotions and publications, without payment or any other consideration.

\_\_\_\_\_  
Adult Camper Signature and Date, Agreement 2

Payment \_\_\_\_ check \_\_\_\_ cash \_\_\_\_ scholarship