

# Central Texas Tres Dias Statement of Belief

1. We believe and profess our faith in one Triune God – The Father, The Son, and The Holy Spirit. (Matthew 28:19 KJV)
2. We believe and profess that Jesus Christ is the only Savior and is God in the flesh. (John 1 1:14, 3:16 & Hebrews 2:17 KJV)
3. We believe and profess that The Holy Spirit is God and is the Lord and Giver of Life who continues to work today in believers to sanctify, edify, and improve the whole Christian Church on earth for His purpose. (Job 33:4; Romans 8:11; Acts 1:8; John 14:16 KJV)
4. We believe and profess that the Holy Scriptures are the inspired and completely true Word of God. (2 Timothy 3:16---17 KJV)
5. We believe and profess that all have sinned and come short of the glory of God: that forgiveness of sins is received through confession and repentance...and that our sins are washed away through the blood of Jesus Christ. (Acts 2:38; 1John 1:9; Romans 3:23 KJV)
6. We believe and profess that salvation is a gift of God’s grace received through personal faith in Jesus Christ. (Ephesians 2:8 KJV)
7. We believe and profess that the Body of Christ is to make every effort to keep the unity of the Spirit through the bond of peace until we all reach unity in the faith and in the knowledge of the Son of God. (Ephesians 4:3, 13 KJV)
8. We believe and profess that God’s unconditional love, as made manifest to us through Jesus Christ, is the primary witness by which people are renewed, edified and changed. (1Corinthians 13:8 KJV)
9. We believe and profess that God has called us to live holy lives that will bring glory to His name. (Colossians 3:1-25 KJV)

I, \_\_\_\_\_, affirm that I have read the Tres Dias Statement of Belief and understand that these beliefs are the basis of what will be presented on Central Texas Tres Dias # \_\_\_\_.

## Central Texas Tres Dias Team Commitment Form

I, \_\_\_\_\_, affirm that I am a \_\_\_\_\_ Lay / Clergy \_\_\_\_\_ person who is consistent in my walk with Christ, faithful in my local church, supportive of my pastor and an active participant, endeavoring to be an Authentic Christian Leader in my personal Piety, Study and Action and will strive to present the highest moral standard before the team and candidates; have attended a Tres Dias or other approved similar weekend; have been selected by the rector and approved by the Tres Dias Secretariat, agree to serve as \_\_\_\_\_ on Central Texas Tres Dias # \_\_\_\_.

- I recognize that the rectors and head chas are responsible for all aspects of the weekend under the direction of the Tres Dias Secretariat and will submit to their authority.
- I will be faithful to my responsibilities and work with the others on the team with a spirit of cooperation, unity, and love.
- I will endeavor to listen and love, helping break down the walls that stand between Christ and the candidates.
- I will pray for the team and candidates and endeavor to serve them as Christ would.
- I agree that I am responsible for paying my team fee of **\$200.00** prior to the weekend.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CENTRAL TEXAS TRES DIAS

## RELEASE of CLAIM

I understand that Central Texas Tres Dias (CTTD) does not own Twin Oaks Ranch where my Tres Dias Weekend will take place, and has limited control over the facility.

I therefore agree to **RELEASE AND INDEMNIFY** CTTD to the same extent that I **RELEASE AND INDEMNIFY** Twin Oaks Ranch for any and all injuries which I may receive while participating in the Weekend.

I further and expressly **RELEASE, INDEMNIFY AND HOLD HARMLESS** CTTD, its officers and directors, and any volunteers participating in on the 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 CTTD, on this form, 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.

Do you have any special needs (bottom bunk, mobility issues, special diet or medications)?

Yes

No

If yes, please describe:

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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