



COYOTE HOWL PARTICIPANT RELEASE FORM 2019

Entered _____
Scanned _____

This form must be filled out annually in order to participate in Sky Ranch programs. Please type or print legibly. Fill out one form for each camper attending. Return with your balance due at least **3 WEEKS PRIOR TO THE ARRIVAL OF CAMP.**

Mail to: Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521 Fax to: 970-493-7960. If you have any questions filling out this form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258)

Participant Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip Code _____

Church _____ Grade Completed (As of June, 2019) _____

PARENT/GUARDIAN INFORMATION (not applicable for adult participants)

Guardian Name _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer _____ Address _____

EMERGENCY CONTACT INFORMATION (Must be different from Parents/Guardians)

Contact Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Upon arrival at camp, parents/guardians will indicate who is allowed to pick the participant up from Sky Ranch. If there are individuals who are not authorized to transport the camper from Sky Ranch, please contact our office prior to your week at camp. Please indicate any individuals who do NOT have permission to transport the participant:

I hereby release Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp, its agents, members, and employees, from all liability for any accident, injury or claim arising from the participant named above's use of any of its facilities or participation in any of its programs.

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. I understand our congregational contact will handle primary medical response. In the event we cannot be reached, I give my permission to camp officials to provide for the participant named above any medical or surgical care. I understand that Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp does not carry health/accident insurance on its participants and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & video taken of the participant named above.

I give permission for the participant named above to go on Sky Ranch Lutheran Camp staff supervised trips away from camp premises, on foot or by vehicle.

I give permission for the camper named above to participate in all appropriate elements of the High & Low Ropes challenge course. I understand that campers who have completed grade six and older can participate in high challenge elements, but that low challenge activities are available with age appropriate activities for all ages.

I give permission for the camper named above to participate in all camp activities with the following exceptions:

X

(Signature of Parent, Guardian or Adult Participant)

(Date)

I understand and agree to abide by any restrictions placed on my participation in camp activities. I agree to abide by all policies regarding personal conduct. If I do not cooperate, or become a hindrance to the camp program, I understand I will be sent home.

X

(Signature of Camper)

(Date)



Last:

First:

Week:

Program:

Church: