



# ADULT PARTICIPATION RELEASE FORM 2024

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

**Mail:** Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521,

**Email:** registrar@skyranchcolorado.org, **Fax:** 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).

Google Doc  
Campwise

Last:

First:

Week:

Program:

Church:

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Church \_\_\_\_\_

Housing preference: Lodge room \_\_\_\_\_ Cabin \_\_\_\_\_ Campground \_\_\_\_\_ (rank in preferred order, 1 as first choice)

Adult housing at Sky Ranch is limited, adults may need to share housing, please check if you request an individual room \_\_\_\_\_

*(High School Groups - adult chaperones are housed in the platform tents with their campers unless otherwise requested)*

## Dietary Needs:

Vegetarian \_\_\_\_\_

Vegan \_\_\_\_\_

Lactose Free \_\_\_\_\_

Gluten Free \_\_\_\_\_

Nut Free \_\_\_\_\_

Other: \_\_\_\_\_

## Allergies:

No Known Allergies \_\_\_\_\_

Insects \_\_\_\_\_

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## Chronic Concerns:

Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_

Asthma \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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 my use of any of its facilities or participation in any of its programs. I agree to be responsible for my own medications and health.

In the event I cannot consent, I give my permission to camp officials to provide 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 & videos taken of myself.

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 asked to leave.

X

(Signature of Adult Participant)

(Date)

