

PARTICIPANT RELEASE FORM 2025

This form needs to be completed each year to take part in Sky Ranch programs or the use of Sky Ranch property and facilities. Please submit one form for everyone who will be attending.



Submit 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 while completing this form, feel free to reach out to us via email at info@SkyRanchColorado.org or call our office at 970-493-5258.

The sidebar in **BLUE** can be left blank.

PARTICIPANT INFORMATION

Participant Name: **Date of Birth:** **Age:**

Gender: **Preferred Pronouns:**

Address: **City:** **State:**
 Zip Code:

Church:

Please list below the members in your family or intermediate group attending with you (a separate release form needs to be completed for each individual).

MEDICAL INFORMATION:

This section is designed to help us prepare effectively and stay informed about any specific needs you may have while at camp.

Dietary Needs:

- ☐ Vegetarian
☐ Vegan
☐ Lactose Free
Is it okay to have milk baked into foods?
☐ Gluten Free
Allergy or preference?
☐ Nut Free
☐ Other:

Allergies:

Please share helpful details regarding your allergy.

- ☐ Insect
☐ Food
☐ Medication
☐ Other:

Chronic Concerns:

- ☐ Diabetes
☐ Heart Disease
☐ Asthma
☐ High Blood Pressure
☐ Other:

Only adults participating in our Off-site backpacking trips or Four Winds Service trips are asked to complete our Health Form.

EMERGENCY CONTACT INFORMATION

Contact Name: **Relationship to participant:**

Address: **City:** **State:**

Phone Number: **Zip Code:**

Alt. Phone Number: **Work Phone:**

Campwise
Google Doc

Last:

First:

Week:

Program:

Church:



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 (or that of a minor in my care) of any of its facilities or participation in any of its programs. I agree to be responsible for my own medications and health. I understand I must keep medications secured and out of access to campers.

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.

I understand Sky Ranch operates with a "allergen aware" policy. Our food service staff are trained and certified in best practices of food preparation, handling, and preventing cross contamination. Unfortunately, due to the limited size of our facilities and factors outside our control, we cannot guarantee anything to be 100% free of a particular allergen.

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 Participant (or guardian)

Date

