

ADULT PARTICIPANT RELEASE FORM 2026

This form needs to be completed each year to take part in Sky Ranch programs. Please submit one form for every adult who will be attending.



Submit at least 3 WEEKS PRIOR TO THE ARRIVAL OF CAMP.

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

Email: office@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 office@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: _____

Housing for adults at Sky Ranch is limited, which may require some individuals to share accommodations. If you have particular needs or concerns, please reach out to our office at 970-493-5258 or email us at ingrid@skyranchcolorado.org.

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: _____

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 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 my medication 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

Date

As an adult participant, your partnership in our ministry dedicated to caring for this community is highly valued. We appreciate your involvement in being a vital part of this community!

To clarify roles and ensure we collaborate effectively in creating this sacred space for everyone to enjoy, please read through the Sky Ranch Expectations for Adults document. Once you've reviewed it, please acknowledge your understanding of these expectations by answering the following question.

- Did you read and agree to adhere to the Sky Ranch Expectations for Adults during your time at Sky Ranch Lutheran Camp?
- ☐ Yes, I read and agree to adhere to the Sky Ranch Expectations for Adults during my participation at Sky Ranch Lutheran Camp. I understand the importance of creating a safe and respectful environment for everyone involved, and I am committed to upholding these standards to ensure a positive experience for all campers and staff.
- ☐ I have not had the opportunity to read this document yet, but I understand that, as an adult participant/chaperone, I am expected to follow the policies outlined within it while at camp.

Thanks for your dedication to making camp a great place for everyone. Your support really helps create a fun and rewarding experience for all the campers. We appreciate all the time and effort you put into guiding and mentoring them. Your involvement truly makes a difference, and we're thankful to have you on board to make this camp unforgettable.

