

FAMILY CAMP 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 camper 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.

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

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.

PARTICIPANT INFORMATION

Participant Name: _____ Date of Birth: _____ Age: _____

Gender: _____ Preferred Pronouns: _____ Grade Completed (as of Spring 2025): _____

Address: _____ City: _____ State: _____

_____ Zip Code: _____

Church: _____

FAMILY MEMBERS: (provide the name and the relationship to camper) Your family members will be the ones you share accommodations with during your week at Family Camp with us!

LODGING:

Please select the lodging option you chose during registration for yourself and your family.

- ☐ Lodge Room
☐ Cabin
☐ Campground

Dietary Needs:

- ☐ Vegetarian
☐ Vegan
☐ Lactose Free
Is it okay to have milk baked into foods?

- ☐ Gluten Free
Allergy or preference?

- ☐ Nut Free

- ☐ Other: _____

ALLERGIES:

HEALTH RESTRICTIONS:

Campriser
Google Doc

Last:

First:

Week:

Program:

Church:



EMERGENCY CONTACT INFORMATION

Contact Name:		Relationship to participant:	
Address:		City:	State:
Phone Number:		Zip Code:	
Alt. Phone Number:		Work 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.

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)

X _____
Signature of Parent/Guardian (required for campers aged 18 and under) (Date)