



# 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 participant 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.

## CAMPER INFORMATION

Participant Name:		Date of Birth:		Age:	
Gender:		Preferred Pronouns:		Grade Completed (as of Spring 2026):	
Address:		City:		State:	
			Zip Code:		
Church:					

## PARENT/GUARDIAN INFORMATION

Full Name(s):					
Email(s):					
Address:		City:		State:	
			Zip Code:		
Phone Number:		Alt. Phone Number:			
Employer:		Work Address:			
Work Email:		Work Phone:			

## EMERGENCY CONTACT INFORMATION (Must be different from parent/guardian)

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

Campwise  
Google Doc

Last:

First:

Week:

Program:

Church:



## AUTHORIZED PERSON FOR PICK UP INFORMATION

*If traveling with a group, please provide the information of your adult chaperone*

Contact Name:

Relationship to  
camper:

Address:

City:

State:

Phone Number:

Zip Code:

## UNAUTHORIZED PERSON FOR PICK UP?

Please reach out to our office before your camper's week with us to provide details about any individuals who are not permitted to pick up your camper, in addition to listing the individual below.

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 an emergency, I understand every effort will be made to contact me and the authorized persons named above. If applicable, I understand our congregational contact will be informed of any medical response directed by the camper leadership. 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.

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.

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.

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

YES

☐

NO

☐

My child agrees to abide by any restrictions placed on their participation in camp activities. My child and I have reviewed the Camp Policies together, and they understand and agree to follow camp policies and behavior expectations. If they do not cooperate, or become a hindrance to camp programing, I understand they will be sent home.

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

X

Signature of Parent/Guardian

Date