



ADULT PARTICIPATION RELEASE FORM

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Campwise

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).

Participant Name _____ Date of Birth _____ Age _____

Gender _____ Preferred pronouns _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone: _____

Church _____

Last: _____
First: _____
Week: _____
Program: _____
Church: _____

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 and seek additional emergency 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)

