



PARTICIPANT RELEASE FORM 2008

(Keep a copy of this form for your records.)



This form must be filled out annually in order to participate in Sky Ranch programs. Please type or print. Fill out one form for each camper attending. Return this form with your balance due by **June 1, 2008.**

CAMPER INFORMATION:

Last Name: _____ First Name: _____
Address: _____ ID: _____
Church: _____ City / St: _____

PARENT OR GUARDIAN INFORMATION: (Adult sponsors do not need to fill out this section.)

Mother's Name: _____ Home Phone: () _____
Address: _____ E-mail: _____
Employer: _____ Work Phone: () _____
Address: _____
Father's Name: _____ Home Phone: () _____
Address: _____ E-mail: _____
Employer: _____ Work Phone: () _____
Address: _____

EMERGENCY CONTACT: (someone different from above)

Other Adult: _____ Home Phone: () _____
Address: _____ Relationship: _____
Employer: _____ Work Phone: () _____
Address: _____ E-mail: _____

PERSON AUTHORIZED TO TAKE CHILD FROM CAMP:

Either Parent Mother Only Father Only Other Adult (if different from above, please list below):
Name: _____ Home: () _____ Work: () _____

Please identify two people in your congregation who will help mentor you following your experience.
Pastor: _____ Phone: _____
Other Adult: _____ Phone: _____

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. In the event we cannot be reached, I give my permission to camp officials to provide for the camper named above any medical or surgical care. I understand that Lutheran Ranches of the Rockies does not carry health/accident insurance on its campers and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

I hereby release Lutheran Ranches of the Rockies, its agents, members, and employees, from all liability for any accident, injury or claim arising from the camper named above's use of any of its facilities, or participation in any of its programs.

Lutheran Ranches of the Rockies may use, for promotional purposes, any photographs taken of the camper named above.

I give permission for the camper named above to go on Lutheran Ranches of the Rockies staff supervised trips away from camp premises, whether on foot or by vehicle.

I give permission for the camper named above to participate in all appropriate elements of the APEX 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.

I understand that the above named camper will be spending their weekend taking part in the weekend programming of the Sky Ranch community. I understand the Lutheran Ranches of the Rockies supervision and the parental permissions apply during that weekend.

I give permission for the camper named above to drive their own vehicle to camp. It is my understanding that the vehicle will be parked at the Sky Ranch site for the duration of the event and that the vehicle will not be used for any L Double R or participant transportation.

Vehicle Make _____ Model _____ License Plate # _____

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

(Signature of Parent, Guardian or Adult Participant)

(Date)

CONTINUED ON REVERSE SIDE

**Lutheran Ranches of the Rockies † 805 S Shields St † Fort Collins, CO 80521-3541
Phone: (970) 493-5258 † Fax: (970) 493-7960**

LAST

FIRST

DATES

PROGRAM

YOUTHGOLF OR SIT