



Camp Bighorn Medical Release Form

CAMP BIGHORN LIABILITY RELEASE *This Liability release is to be signed by every applicant*

APPLICANT'S NAME _____

PARENT OR GUARDIAN'S NAME *(if applicant under 18 years)* _____

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks involved with outdoor adventure and challenge course activities. I do hereby voluntarily participate in the programs offered. I and the participant signed below, release and discharge Camp Bighorn from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained. I acknowledge that I have carefully read this agreement and fully understand its contents and I give Camp Bighorn permission to use any photo or video of myself or my child for Camp Bighorn publications or promotion/advertising. I release my right to any kind of remuneration for said photos or videos.

I understand this is a release of liability.

Applicant Signature _____ Date _____

Parent or Guardian Signature (if applicable) _____ Date _____

CAMP BIGHORN MEDICAL RELEASE *This Medical release is for any applicant under the age of 18.*

PARTICIPANT NAME: _____ AGE: _____

PARENT OR GUARDIAN'S NAME _____

The health of each participant while at Camp Bighorn is very important for the best camping experience. A participant who is ill should not be sent to camp. The following information will help us to provide the appropriate camper care.

PLEASE LIST ANY MEDICAL CONDITIONS THAT APPLY TO YOU OR YOUR PARTICIPANT:

Explain: _____

Please explain any allergies or special food needs: _____

Date of Last Tetanus Shot ____/____/____ Birthdate ____/____/____

IF I CANNOT BE CONTACTED IN A MEDICAL EMERGENCY, I (We) hereby give permission to the physician selected by the camp director or camp nurse to hospitalize, secure treatment for, and to order medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for charges not covered by insurance. I also authorize the release of all information necessary to settle any claims.

Name of Insurance Company _____ Policy # _____

Parent or Legal Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Emergency Contact: _____ Phone # () _____ - _____