

Medical and Liability Release Form

This Liability release is to be signed by every applicant

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 give Camp Bighorn permission to add my contact information to their promotional database.

Participants Name: _____ Date: _____

Parent/Guardian (*sign for 18 and under dependent*) _____

This Medical release is for any applicant under the age of 18.

Participants Name: _____ Date: _____

Parent/Guardian (*sign for 18 and under dependent*) _____

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.

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: ___/___/___ Birth date: ___/___/___

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 person 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/Guardian: _____ Date: _____

Participant: _____ Date: _____

Emergency Contact: _____ Phone Number: _____

Is there anything else we need to know? _____

Mail this to the Registrar along with your registration and deposit: 1850 MT Hwy 135, Plains, MT 59859

Registration Form

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Emergency Contact: _____ Phone: _____

	Adult	Child (4-12)	Family Maximum
Adventure Camp	\$275	\$225	\$1000
Extended Adventure Camp	\$325	\$275	\$1200
Specialty Camp	\$325	\$275	\$1200
Winter Camp	\$135	\$115	\$500
Day Camp		\$90	*second child \$50
Junior Camp		\$200	*second child \$150

*Weekend retreats & training: Please contact Bighorn for prices *children 3 & under are free or visit our website at www.campbighorn.com

List the camp you are registering for:

_____ Date: _____

_____ Age: _____ M/F: _____ Cost: _____

Total Cost: _____

(If total exceeds family max, you pay lesser amount)

Registration deadline is one month prior to the camp, with confirmation upon registration. Enclose a non-refundable deposit of \$75 per person (\$50 JR Camp, \$25 Day Camp) for each camp listed. Mail this form to the Registrar at Camp Bighorn: 1850 MT Hwy 135, Plains, MT 59859. Please call us with any questions: (406) 826-3144, or email jeremyf@campbighorn.com.