

# 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
Leadership Expeditions	\$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](http://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)

Camps are reserved on a first come first serve basis with confirmation upon registration and deposit. 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](mailto:jeremyf@campbighorn.com).