



Medical and Liability Release Form

Please initial and sign at the bottom if you agree to the following terms

I am in favor of (Print Campers Name) _____ attending camp and participating in all activities unless otherwise specified.

I, _____ understand activities such as rock climbing and repelling, ropes course, horseback riding, archery, aquatics, rock crawlers/razors are high risk activities. As legal guardian, I accept the conditions stated, including the release of the Rocky Mountain Conference of SDA and Glacier View Ranch Management from liability in case of accident or illness (Unless otherwise specified in the "Special Accommodations Activities Form" found on the rmcyouth.org/camp website).

I support, and the applicant agrees to abide by all camp regulations and policies.

I, _____ understand that our camper(s) may be photographed and do so release all rights for the publication and advertising.

I, _____ herby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I can not be reached in an emergency, I herby give permission to the physician selected by camp to hospitalized, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named below. This form may be photocopied for outside use of camp.

Print Camper Name: _____

Print Name of Legal Guardian: _____

Signature: _____ Date: _____

Camper Health History "Snap Shot":

Camper Age: _____ Date of Birth: _____ Weight: _____ Height: _____

Allergies: _____

Allergies to Medications: _____

Medications Currently Taking: _____

Current Medical Conditions: _____

Emergency Contact Phone Number(s): _____