

MILLS SPRING RANCH

— WYOMING —

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 Mills Spring Ranch Management from liability in case of accident or illness. 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): _____