



# PARTICIPATION RELEASE FORM 2022

Google Doc  
Campwise

This form must be filled out annually in order to participate in Sky Ranch programs. Please type or print legibly. Fill out one form for each camper attending. Return with your balance due at least **3 WEEKS PRIOR TO THE ARRIVAL OF CAMP.**  
**Mail:** Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521, **Email:** registrar@skyranchcolorado.org, **Fax:** 970-493-7960.  
If you have any questions filling out his form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258).

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Church \_\_\_\_\_ Grade Completed (As of June, 2022) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (not applicable for adult participants)

Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (Must be different from Parent/Guardian)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### AUTHORIZED PERSON FOR PICKUP (If different from the above Parent/Guardian)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

### UNAUTHORIZED PERSON FOR PICKUP (Please contact SR office beforehand as well):

I hereby release Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp, its agents, members, and employees, from all liability for any accident, injury or claim arising from the participant named above's use of any of its facilities or participation in any of its programs.

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. I understand our congregational contact will handle primary medical response. In the event we cannot be reached, I give my permission to camp officials to provide for the participant named above any medical or surgical care. I understand that Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp does not carry health/accident insurance on its participants and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & video taken of the participant named above.

I give permission for the participant named above to go on Sky Ranch Lutheran Camp staff supervised trips away from camp premises, on foot or by vehicle.

I give permission for the camper named above to participate in all appropriate elements of the High & Low Ropes challenge course. I understand that campers who have completed grade six and older can participate in high challenge elements, but that low challenge activities are available with age appropriate activities for all ages.

I acknowledge that the participant named above has read and understands Sky Ranch's 2022 Covid Policies and Protocols for their time at camp.

I give permission for the camper named above to participate in all camp activities with the following exceptions:

X

(Signature of Parent, Guardian or Adult Participant)

(Date)

I understand and agree to abide by any restrictions placed on my participation in camp activities. I agree to abide by all policies regarding personal conduct. If I do not cooperate, or become a hindrance to the camp program, I understand I will be sent home.

X

(Signature of Camper)

(Date)



Last :

First :

Week:

Program:

Church: