



## HEALTH CONSENT AND RELEASE FORM

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent / Guardian (or Spouse): \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

Business Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

If not available in an emergency contact: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

### RECOMMENDATIONS AND RESTRICTIONS

Any treatment to be continued at camp \_\_\_\_\_

Any medications to be administered at camp (specific dosages) \_\_\_\_\_

Any dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects) \_\_\_\_\_

Activities to be limited \_\_\_\_\_

Additional health information \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street & Number City State Zip

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip



## PARENTAL CONSENT FOR MEDICAL TREATMENT

In the event that your child becomes ill or is injured while at Big Canyon Ranch, we request that Big Canyon Ranch personnel be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of Big Canyon Ranch's role in the medical care of your child.

*IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE BIG CANYON RANCH THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE BIG CANYON RANCH FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.*

Name of child \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
(Please Print) (Signature)

## WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I will not hold or attempt to hold Big Canyon Ranch, Inc. liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Big Canyon Ranch, it's agents and employees, and will indemnify and hold Big Canyon Ranch harmless from any liability for damages or claims against Big Canyon Ranch arising out of or in any way related to any such loss, damage, or injury.

I release Big Canyon Ranch, including its trustees, employees, and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. I recognize that any medical treatment that is provided while participating in activities at Big Canyon Ranch will be paid for by my medical insurance company.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below, to defend, indemnify, and hold Big Canyon Ranch harmless from any claim asserted by me against Big Canyon Ranch, including it's trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to Big Canyon Ranch the right to use, reproduce, and/or distribute photographs, films, video tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting activities at Big Canyon Ranch.

Signature of parent or guardian or adult camper: \_\_\_\_\_ Date: \_\_\_\_\_

Persons authorized to pick up my child other than parent or guardian: \_\_\_\_\_

I also understand and agree to abide with the above restrictions placed on my camp activities as listed above.

Signature of minor \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of minor or adult camper: \_\_\_\_\_