



Camp Bighorn

Registration & Release of Liability

All sections must be completed to participate in one of our programs. Forms may be filled out online

www.campbighorn.com/register

Participant Information

Participant's Name _____ DOB _____ Grade _____ M/F _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Camp Dates & Cost _____ Group Name (If applicable) _____

Parent Information

Parent/Guardian Name _____ Relationship _____ Parent/Guardian Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____ Primary Phone _____ Secondary Phone _____

Email _____ Email _____

Persons, other than parent/guardian(s) authorized to pick-up and/or emergency contacts

In case of an emergency, parents will be contacted first. If parents cannot be reached by phone, the emergency contact will be called.

Name _____ Relationship _____ Name _____ Relationship _____

Please Check

Phone _____ () Emergency Contact
() Authorized to Pick-Up

Please Check

Phone _____ () Emergency Contact
() Authorized to Pick-Up

Medical Information

Insurance Company _____ Phone _____ Policy Number _____

Please list any food allergies and the severity/ treatment _____

Please list any medical conditions or non-food allergies, along with the severity/ treatment _____

Any additional info about the campers physical, mental or emotional health we should be aware of? _____

(Additional info continued)

Does the camper take any daily medications? Y/N

If yes, please complete the table & acknowledge that all prescription and OTC medications are to be kept in their original containers in Bighorn's first aid room.

Medication	Time Taken	Reason Taken

Release of Liability

This Release of Liability is to be signed by (or for, if under 18) every participant.

Weather: All outdoor activities are weather permitting. Camp Bighorn is not responsible for inclement weather, and no refunds will be made for events cancelled due to weather.

Photograph: By registering in the programs at Camp Bighorn, I give my consent for the camp to use my photograph or video footage in camp advertising and marketing material, both in print and online.

Risk of Injury: By signing this form, I acknowledge the inherent risks involved with outdoor adventure & challenge course activities. I give my permission for the above named participant to participate in the full range of camp activities and to be bound by all camp policies regarding behavior and dress. I acknowledge that the natural condition of camp, and the interaction with other participants of various ages, may subject the participant to risk of injury.

Waiver of Liability: I hereby give permission to Camp Bighorn to administer prescribed medication(s), over-the-counter medications and first aid; to seek medical treatment, including x-rays, hospitalization, order anesthesia or surgery, or tests as needed; and to provide nursing care while camper is at camp. I agree that Camp Bighorn can arrange for necessary transportation related to medical needs. I understand that every effort will be made to contact me in case of an emergency, if possible, before any such treatment is administered. I accept primary responsibility of medical coverage while the participant is participating in camp. In case of an accident, I will not hold Camp Bighorn, its staff, management or volunteers liable. Further, I waive any claim or cause of action against the foregoing parties which may arise as a result of an accident or injury to the participant. I hereby release Camp Bighorn from any responsibility other than normal supervision and care. Further, I understand that Camp Bighorn and its staff shall not be held responsible for any articles lost, stolen, or left at camp.

Participant Name (Please Print)

Parent/Guardian Name (Please Print)

Participant Signature

Date

Parent/Guardian Signature

Date

Payment Information

Deposit, along with completed forms, is required to complete a registration. Reservations are on a first-come, first-served basis and limited in number. Please confirm availability. In the event that a camp session is cancelled by Camp Bighorn, or a session is full, refunds will be made in as timely matter as possible.

Customers requesting a cancellation a minimum of 30 days prior to the start date of their scheduled event will be given a full refund. Deposit is non-refundable within 30 days of event. Cancellations within 7 days of event will be charged for the full cost of the camp session. No refunds will be made for missed camp days.

Deposit Amounts (per person): () \$25 Day Camp () \$50 Junior Camp () \$75 All other camps

Deposit/ Payment Amount

Method of Payment

Contact Us

406-826-3144 • toll free: 888-316-0367

Register online www.campbighorn.com/register

or send the completed Registration & Release of Liability form, along with a deposit to the Registrar at:

Camp Bighorn • 1850 MT HWY 135 • Plains, MT 59859

fax: 406-365-1400 • registration@campbighorn.com