



Camp Bighorn

Summer Staff Registration & Release of Liability

All sections must be completed

www.campbighorn.com/summer-staff

Participant Information

Participant's Name	DOB	Grade	M/F
Address	City	State	Zip
Email	Phone		

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		Please Check
Phone	() Emergency Contact	Phone	() Emergency Contact
	() Authorized to Pick-Up		() Authorized to Pick-Up

Medical Information

Insurance Company	Phone	Policy Number
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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. Each participant needs to have their own form on file.

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: In case of an emergency, I hereby give permission to hospitalize, secure treatment for and to order anesthesia or surgery for the participant named on this form. 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

(If under 18 years old, Parent/Guardian must also sign)

Date

Contact Us

Call or email us with any questions

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

Online Information: www.campbighorn.com/summer-staff

Send the completed Registration & Release of Liability form, to:

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

ATTN: Summer Staff Coordinator

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