

LONE TREE RANCH REGISTRATION/HEALTH HISTORY FORM LIABILITY RELEASE

Information on this form is gathered to assist us in identifying appropriate care.

Name _____

Group/Church name _____

Date of camp _____ Date of Birth _____ M/F _____ Age _____

Parents Name _____

Home Address _____

City _____ State _____ Zip _____ Phone(_____) _____

Father's Work Phone(_____) _____

Mother's Work Phone(_____) _____

Guardian's Work Phone(_____) _____

In case of emergency and neither parent can be reached notify:

Name _____

Phone(_____) _____ Relationship _____

Name of Physician _____ Phone(_____) _____

Operations or serious injuries (dates) _____

List any activity or swimming restrictions _____

Parent's insurance Company _____

Insurance Company Phone _____

Health History

(check if applies. Give approximate dates)

- Frequent Ear Infections
- Heart defect/Disease
- Convulsions/Epilepsy
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension/A.D.D.
- Mononucleosis

Disease Vaccination

(Check if applies. Give approximate date)

- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- DPT _____
- TD _____
- Tetanus Test _____
- Tuberculin Test _____
- Influenza b (HB) _____

List any allergies (include food)

*****Please attach photocopy of front and back of insurance card*****

Check if applicable:

Church/ group nurse may administer ___ Tylenol ___ Benadryl

In case of emergency, I/We hereby give permission to the physician selected by the camp director, his/her staff or the sponsoring Church/Organization named above to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to horseback riding, swimming, rappelling, white water rafting, rifle range, archery, camping or traveling, water skiing, inner tubing on river and lake, mountain bike and BMX bike, tomahawks, black powder rifle, and wagon rides. I/We realize that in the event of illness or injury while attending the above activities, medical treatment may be required. I/We hereby give our permission for any such treatment to be rendered and we agree to bear the cost of such treatment. I/We, the undersigned, (Parent/Guardian or self if of legal age) of above camper, do hereby fully and forever release, hold harmless and discharge Lone Tree Bible Ranch, of Glendo, Wyoming, and their employees and all persons whomsoever directly or indirectly and the sponsoring Church/Organization _____ of liable, from any and all claims or demands, actions, causes of action, damages, costs, loss services, expenses and any and all other claims of damages whatsoever, both in law and equity for negligence of any nature on their part, or the part of any

of them, or their agents or representatives causing personal injuries, conscious suffering, death or property damage, arising out of, or related in any fashion to and all related activities associated with the activities of Lone Tree Bible Ranch near Glendo, Wyoming. We are aware of all risks related to all activities and dangers associated therewith. The terms of this release and indemnification agreement are contractual and not a mere recital, and contain the entire agreement between the parties hereto. This agreement is also binding upon all my/our heirs, devisees, executors, administrators, assigns and successors in interest.

Lone Tree Bible Ranch assumes no liability for loss or damage to camper's personal property. I/we further recognize the right of Lone Tree bible Ranch to refuse admission of or expulsion from camp and person/camper whose influence/ behavior is in any way detrimental or harmful to the best interest of others.

Periodically, photograph, videos, or interviews are taken during the camp session. I acknowledge that by participating in this camp session, I give permission and consent for any such photographs, videotapes, or interviews to be used or published to illustrate, report promote, or advertise the camp.

I do hereby affirm that I have read the foregoing release and indemnification, and I realize that I am waiving potentially valuable causes of action, but am doing so on my own free will and volition.

Father's/Guardian signature
(Or self if legal adults)

Date

Mother's/Guardian signature

Date