



Camper Medical and Liability Release Form

Please initial and sign at the bottom if you agree to the following terms

I, _____ am in favor of (print camper's full name) _____ attending GVR Summer Camp and participating in all activities unless otherwise specified.

I, _____ understand that the GVR summer camp program includes high-risk activities and that participating in the program and in camp activities such as rock climbing, repelling, hiking, horseback riding, archery, aquatics, mountain biking, arts & crafts, team sports, canoeing and paddle-boarding may result in injury or death. As legal guardian, I accept the conditions stated, including the release of the Rocky Mountain Conference of SDA, Glacier View Ranch and its Directors, Management and Staff from liability in the case of accident, injury, illness or death.

I, _____ support, and the camper agrees to abide by all camp regulations and policies.

I, _____ understand that the camper may be photographed and/or filmed in the course of day-to-day camp activities and do so release all media-rights to the Rocky Mountain Conference of SDA and Glacier View Ranch for the publication and advertising.

I, _____ hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, the above-named camper.

In the event that I cannot be reached in an emergency, I, _____ hereby give permission to the physician selected by Glacier View Ranch to act on my behalf to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child, the above-named camper. This form may be photocopied for use outside of camp.

Print Name of Camper: _____
(Last) (First) (Middle)

Print Name of Parent/Legal Guardian: _____
(Last) (First) (Middle)

Parent/Legal Guardian Signature Date

Camper Health History "Snap Shot"

Age: _____ Date of Birth: _____ Weight (lbs): _____ Height: _____

Allergies: _____

Allergies to Medications: _____

Medications Currently Taking: _____

Current Medical Conditions: _____

Emergency Contact Name _____ Relation _____ Phone No. _____

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