

2010 IRONWOOD SUMMER CAMP MEDICAL INFORMATION/WAIVER & RELEASE FORM

Please read, complete, sign and return with registration form and include copies of both sides of camper's insurance card.
This completed form is required prior to arrival at camp.

Camper's Last Name: _____ First Name: _____ Male/Female _____
Date of Birth: ____/____/____ Grade: _____ Parent's Full Name: _____
Camper's Home Address: _____ State: _____ Zip: _____
Home Phone: (____) _____ Day Phone: (____) _____ Cell: (____) _____
Emergency Contact: _____ Emergency Contact's Phone: _____

1. Does Camper have limitations regarding activities?(explain) _____
2. Does Camper have any special needs that we should anticipate? (For example, ADHA, allergies, special diet, mental or behavioral challenges) If yes, explain: _____
3. Medications: Name/dosage/frequency needed. All medications must be in prescription bottles. Dosages/frequencies must match doctor's prescription. Bring only amount of medications needed at camp.
Medication Dosage Frequency _____

If you have asthma, please bring your inhaler. If you are allergic to bees, please bring your epi-pen. My child may have Tylenol or Ibuprofen (circle one): YES or NO
4. Allergic reactions/allergies to medications? _____
4. Insurance information: Medical Ins Co. _____ Policy #: _____
Family Doctor _____ at _____ (clinic)

I am the parent or guardian having control or custody of the above named child. I hereby grant my child permission to attend camp at Ironwood Springs Christian Ranch. I certify that my child is physically and mentally fit for all camp activities and will obey all camp counselors and rules. I certify that comments, photographs or videotape pictures of my child participating in the Ironwood programs may be reproduced and utilized in camp brochures and other promotional literature published and used by the camp. I understand and certify that my child's participation in camp at Ironwood and its activities is completely voluntary. I have familiarized myself with the camp's programs and the activities in which my child will participate. I recognize that certain hazards and dangers are inherent in the Ironwood events and programs including, but not limited to, swimming, climbing, archery, horseback riding, snow tubing, the low bouldering wall, events course, zip line and other sports. I acknowledge that although Ironwood has taken safety measures to minimize the risk of injury to camp participants, Ironwood cannot insure or guarantee that participants, equipment, premises and/or activities will be free of hazard, accidents and/or injuries. In case of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat my child. In cases of minor or mild injury, accident or illness of my child, I grant my permission for him/her to be treated by a member of Ironwood staff. I agree to pay all expenses for necessary treatment. I understand that Ironwood does not provide medical/liability insurance. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I also give the camp full authority in dealing with problems of discipline. I understand that any camper demonstrating a willful disregard for camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly. I also give my permission for the camper to participate in all activities as they pertain to his/her particular program.

Further, I RELEASE IRONWOOD SPRINGS CHRISTIAN RANCH, AND ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES, VOLUNTEERS, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL RESPONSIBILITY, LIABILITY, OR CLAIMS INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS BASED UPON ALLEGED NEGLIGENCE, FOR PERSONAL INJURY, DAMAGES, ACCIDENT, OR ILLNESS INCURRED BY MY CHILD, ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY ACTIVITY AT OR CONNECTED WITH IRONWOOD SPRINGS CHRISTIAN RANCH.

I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Ironwood Springs Christian Ranch liable for any illness or mishap from any cause whatsoever. I approve this application and agree to the terms stated above. I represent that I am the parent or legal guardian of the child listed above, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this Waiver and Release. I further represent that I have read (or have had read to me) this Waiver and Release and understand its terms.

(Name printed) (Signature) (Date)