

### Retrieving the 'Camper Medical and Liability Release' Form

1. Navigate to our registration website and then log in to your account
2. Access the "Additional Options" menu in the main menu bar at the top of the page
3. Choose "Document Center" from the drop down menu
4. In the Document Center, locate the desired document (camper medical and liability release) and click the "download" icon to the right of it
5. Print, complete, and sign the form

### Returning your Completed 'Camper Medical and Liability Release' Form

1. Navigate to our registration website and then log in to your account
2. Access the "Additional Options" menu in the main menu bar at the top of the page
3. Choose "Document Center" from the drop down menu
4. In the Document Center, locate the desired document (camper medical and liability release form) and click the "upload" icon to the right of it
5. Choose the appropriate file from your computer to upload (in this case, a legible scan of your camper's completed Medical and Liability Release Form)
6. Click the "upload document" button
7. Our team will review every upload for accuracy and clarity before approving your document

Questions? Give our team a call at (303) 282-3664. If we don't answer, leave a message detailing the problem you are experiencing and we will return your message as soon as we can.

## Camper Medical and Liability Release Form

Please initial in each blank space and sign at the bottom if you agree to the following terms:

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

I, \_\_\_\_\_ understand that the MSR summer camp program includes high-risk activities and that participating in the program and in camp activities such as rock climbing, rappelling, hiking, horseback riding, archery, aquatics, mountain biking, arts & crafts, team sports, and canoeing or paddle-boarding may result in injury or death. As the camper's legal guardian, I accept the conditions stated, including the release of the Rocky Mountain Conference of SDA, Mills Spring 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 summer camp activities and do so release all media-rights to the Rocky Mountain Conference of SDA and Mills Spring Ranch for use in 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 Mills Spring 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's Quick Reference Medical Emergency Information**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Height (in): \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Emergency Contact Name 01 \_\_\_\_\_ Relation \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact Name 02 \_\_\_\_\_ Relation \_\_\_\_\_ Phone No. \_\_\_\_\_