



## Health Consent and Release Form

Group or Organization Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female  
Last First Minors Only Circle One

Parent / Guardian (or Spouse): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

### MEDICAL INFORMATION & RESTRICTIONS

Please list any special dietary needs, allergies, medical conditions, or other restrictions:

\_\_\_\_\_

#### Below Information is voluntary for adult participants

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street & Number City State Zip

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip

**Authorization for Treatment:** *I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the below named person.*

Name of participant \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print) (Signature of adult participant or parent/guardian)

### WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I will not hold or attempt to hold Big Canyon Ranch (BCR) liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of BCR, its agents and employees, and will indemnify and hold BCR harmless from any liability for damages or claims against BCR arising out of or in any way related to any such loss, damage or injury. I release BCR, including its trustees, board members, employees and agents, from my physical injury, including death, or illness as a result of being at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

By signing below, I acknowledge that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. I recognize that any medical treatment that is provided while participating in activities at Big Canyon Ranch will be paid for by my medical insurance company.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below, to defend, indemnify, and hold BCR harmless from any claim against BCR, including its trustees, board members, employees, and agents.

I hereby grant permission to BCR the right to use, reproduce, and/or distribute photographs, films, video tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting activities at BCR. If you wish to opt out of any type of occasional, emails, updates, newsletters, or other contact from Big Canyon, please mark an X here: \_\_\_\_\_

Signature of adult participant or parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_