

These releases must accompany registration. If registering online, forms must be brought to event check in.

Camp Utmost Medical Information and Liability Release Form

Your safety and health are very important to us. Since we must also meet certain requirements for insurance purposes, It is necessary to have this form completed and signed appropriately. Registration will not be accepted without the following.

Registrant's Name: _____ Email Address: _____

Mailing Address _____ City: _____

State: _____ Zip: _____ Telephone: _____

Social Security #: _____ Age: _____ Birth date and year: _____

List emergency contacts. For minors, please list both parents and someone outside of the household.

Name	Relationship	Day Phone	Evening Phone

Doctors name or clinic: _____ Doctor's Phone: _____

List any medical or food allergies: _____

List any chronic illnesses: _____

List any physical limitations: _____ Date of last tetanus shot: _____

List all current medications: _____

Are you covered by medical insurance? Yes or No: _____

Name of Insurance Company: _____

Insurance Company Phone: _____ Policy #: _____

I am 18 or over, or I am a parent or legal guardian of (minor's name) _____, who is currently under the age of 18. I do hereby release Camp Utmost and Rocky Mountain Bible Mission from any and all liability or responsibility due to any injury that he/she/I may incur as the result of, or arising in any way from participation in activities at or under the direction of Camp Utmost. I am fully aware and consent to accept these risks and voluntarily agree to allow his/her participation in activities. If I cannot be consulted in an emergency, I hereby give permission to the physician selected by a representative of Camp Utmost to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the person named above. I understand that Camp Utmost only carries secondary insurance and that I will take primary responsibility for any fees or charges at any clinic, facility, or hospital arising from treatment of injury or illness. For any applicant under the age of 18, a parent or legal guardian must sign.

☆ **Signature**(of registrant or Parent/Guardian if a minor) _____

Signers Printed Name: _____ **Date** _____

Photo/Video Release

Camp Utmost often takes photographs or video of participants during its activities or events. These photographs or videos may be used in publications, presentations, websites or promotion of Camp Utmost or Rocky Mountain Bible Mission. We will not identify you or your child by name, or release any other personal information without additional permission.

I understand and hereby grant permission for such use without compensation. (If you do not grant permission do not sign photo release as well as please attach a current photo so you or your child may be identified for this exclusion.)

☆ **Signature**(of registrant or Parent/Guardian if a minor) _____

Signers Printed Name: _____ **Date** _____