



Address: 5130 Memorial Rd. Rapid City, SD 57702 Phone: (605) 343-4394 Email: ccwc@cedarcanyoncamp.com

### Camper Health & Release Form

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Camper's Full Name \_\_\_\_\_ Parent(s)/Guardian(s) Full Name(s)(if under 18) \_\_\_\_\_

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Home Phone (include area code) \_\_\_\_\_ Alternate Phone (include area code): \_\_\_\_\_

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Home Address \_\_\_\_\_

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Emergency Contact (other than parent) \_\_\_\_\_ Phone (include area code) \_\_\_\_\_

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Health Insurance Company \_\_\_\_\_ Policy and/or Group Number \_\_\_\_\_

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Name of Primary Care Clinic \_\_\_\_\_ City and State \_\_\_\_\_

Medications: \_\_\_\_\_

Known Allergies (medications/insect bites, etc) \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

I understand that the above stated will be participating in programs sponsored by Cedar Canyon Camp. I also understand that the activities which participants will take part in may include, but are not limited to: motor vehicle transportation, hiking, low ropes course events, high ropes course events, paintball and/or other camp related activities and games. While I expect proper supervision and safety precautions at all times, I understand that I assume the risk for any and all liability arising from such activities and do hereby agree to release and forever discharge Cedar Canyon Camp, its agents and employees, and its successors and assigns, any and all claims, demands, rights and causes of action whatsoever kind or nature, arising from and by reason of any occurrence, accident, event, or other happening arising out of the grant of and the use of such permission by me, hereby expressly releasing the aforesaid from any and all liability even at negligence of Cedar Canyon Camp agents or employees.

I also give the camp full authority in dealing with problems of discipline. Any camper disregarding camp rules is subject to being sent home without refund. Campers who willfully destroy property will be held responsible and charged accordingly.

While at Cedar Canyon Camp, I authorize trained staff members to administer First Aid and/or CPR when necessary or other emergency medical care as appropriated by Cedar Canyon Camp staff. I also authorize Cedar Canyon Camp staff to transport the above stated participant to a medical facility for necessary emergency care.

In signing this form, I also am allowing comments, pictures, and/or video of the camper to be used for promotional and other uses relating to camp.

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Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent or Guardian Signature (If camper is under 18) \_\_\_\_\_ Date \_\_\_\_\_