

**OUTLAW RANCH & NESODAK
RETREAT PARTICIPANT INFORMATION AND PERMISSION FORM**

RETREAT: _____ DATE OF RETREAT: _____

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ BIRTHDATE: _____ SEX: _____

PARENT OR GUARDIAN (if minor): _____

ADDRESS: _____

PHONE – DAY: _____ EVENING: _____ CELL: _____

INSURANCE NAME & POLICY NUMBER: _____

FAMILY PHYSICIAN: _____ PHONE: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____

Phone: Day _____ Night _____ Cell _____

Any time health care outside the camp community is needed parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here _____

LIST ANY CONDITIONS YOU MAY HAVE:

Dietary restrictions: _____

Any known allergies: _____

Description of any recent or current physical or mental conditions requiring special restrictions, treatment, or considerations while at camp: _____

Retreaters are responsible for taking their own medications. Adult advisors can handle/hold the medications for minors if parents/guardians would prefer.

Medications to be given at camp: _____

Any over-the-counter medications NOT to be taken at camp: _____

Warning, under SD law, an equine professional is not liable for any injury or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2.

This health history is correct so far as I know, and I understand the risk in engaging in all prescribed camp activities. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care, and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me or my child; and, in the event I can't be reached in an emergency, to secure and administer treatment, including hospitalization, for me or my child. I give permission for my or my child's photo to be used for publicity purposes.

Signature of Parent/Guardian

Or Adult Camper: _____ Date: _____



🔑 PLEASE BRING THIS FORM WITH YOU TO THE RETREAT 🔑