

## Camp Utmost College Age Winter Retreat Registration and Release Form

**Registrant's Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Birth date and year:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male**  **Female**   
**Church you attend:** \_\_\_\_\_  
**Please Enclose Registration Fee: \$15**  
**\*Sorry but there will not be married couples sleeping accommodations. \*No Children please.**

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**

### Liability/Photo/Video Release

I am 18 or over, or I am a parent or legal guardian of the registered 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.

I furthermore understand Camp Utmost often takes photographs or video of participants during its activities or events. I grant permission without compensation that these photographs or videos may be used in publications, presentations, websites or promotion of Camp Utmost or Rocky Mountain Bible Mission. Camp Utmost will not identify me or my child by name, or release any other personal information without additional written permission from me.

☆ **Signature**(Parent/Guardian must sign if registrant is a minor) \_\_\_\_\_

☆ **Signers Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

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 #: \_\_\_\_\_

**Mail Registration and Fee to: Camp Utmost, 12901 Utmost Way, Greenough, MT 59823**  
**For more information go to [www.camputmost.org](http://www.camputmost.org)**