

2015 Camp Utmost High School Fall Retreat Registration and 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: _____

Birth date and year: _____ Age: _____ Grade: _____ Male Female

Enclose Registration Fee of \$40: _____

Bring to retreat or mail registration and fee to: Camp Utmost, 12901 Utmost Way, Greenough, MT 59823

Go to www.camputmost.org for more information about Camp Utmost.

Did Registrant attend Camp Utmost Summer 2015 Yes _____ No _____

If Registrant attended Camp Utmost Summer 2015, only information that has changed needs to be completed.

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 #: _____

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 _____

Camp Utmost is a ministry of: Rocky Mountain Bible Mission 1515 Fairview Avenue, Suite 200, Missoula, MT 59801