

**OUTLAW RANCH & NESODAK  
RETREAT PARTICPANT 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 ⇨