

**SUMMER CAMP EMERGENCY INFORMATION AND LIABILITY RELEASE**  
**WHITE PINES RANCH, 3581 Pines Rd., Oregon, IL 61061**  
**Phone: 815-732-7923 Fax: 815-732-7924 [www.whitepinesranch.com](http://www.whitepinesranch.com)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy/Girl  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent(s) phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_ This will be camper's \_\_\_\_\_ year at White Pines Ranch

If parent(s) cannot be reached and there is an emergency please contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
  2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_
- Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Will your child be taking any medication while at camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list medications and dosage:  
(please label medication with child's name, time to be given and dosage)

1. \_\_\_\_\_ Dosage \_\_\_\_\_
2. \_\_\_\_\_ Dosage \_\_\_\_\_

***May camp personnel administer any of the following medications to your child?***

Tylenol Yes/No                      Benadryl Yes/NO                      Pepto Bismol Yes/No

**Accident/Medical Insurance Company Name** \_\_\_\_\_

**Group Number and/or Identification Number** \_\_\_\_\_

***Activities that you would rather your child not participate in:***

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**ASSUMPTION OF RISK, FULL RELEASE AND INDEMNITY**

We are cognizant of the inherent dangers of participating in this program. In consideration for allowing the rancher to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, it's officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred.

We hold harmless all Program providers from all claims by family, our legal representatives and us. We assure you the rancher is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted releasing all joint tortfeasors.

I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

We give permission to allow photographs or video footage of our child taken at camp to be used in White Pines Ranch's promotional materials. We also give permission to use email information to advertise future ranch activities.

**I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE RANCHER AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.**

\_\_\_\_\_  
(PARENT)

\_\_\_\_\_  
(GUARDIAN)

**DATES FOR CAMP: SUN. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO SAT. \_\_\_\_/\_\_\_\_/\_\_\_\_**