COLORADO CHALLENGE JUNE 9 - JUNE 15, 2024

PARTICIPANT CONTACT INFORMATION

(ANY APPLICABLE FIELDS PUT AN **"N/A"**)

PARTICIPANT PERSONAL INFORMATION

Gender: ❑ MALE
❑ FEMALE

Eye color: _____

Date of birth: _____

Height: _____

Weight: _____

PARTICIPANT GENERAL INFORMATION

Full name (L, F, Mi): _____

Address: _____

_____

City, state, zip: _____

E-mail address: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Church or group: _____

EMERGENCY CONTACT INFORMATION

Emergency contact: _____

Address: _____

_____

City, state, zip: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Relationship to part.: _____

Company name: _____

2ND EMERGENCY CONTACT

Emergency contact: _____

Address: _____

_____

City, state, zip: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Relationship to part.: _____

Company name: _____

PARTICIPANT INSURANCE INFORMATION/ CAMP RELEASE ACTIVITIES

(ANY APPLICABLE FIELDS PUT AN **"N/A"**)

MEMBER INFORMATION

Member's name: _____

Relationship to part.: _____

Insurance provider: _____

Group or employer: _____

Policy number: _____

Provider phone #: _____

❸ AUTHORIZATION FOR PARTICIPATION IN OTHER CAMP ACTIVITIES

Participant signature: _____

Printed name: _____

Date (MMDDYY): _____

Parent/gu. signature: _____

Printed name: _____

Date (MMDDYY): _____

I hereby give permission for my child to participate in all camp activities and to go on trips away from the camp premises, whether on foot, on horseback, or by vehicle with the follow exceptions:

_____ _____

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All participants of Colorado Challenge camp need to fill out the above release sections.

PERMISSION FORM AND LIMITED PURPOSE OF ATTORNEY FOR MEDICAL TREATMENT

(ANY APPLICABLE FIELDS PUT AN **"N/A"**)

I hereby grant permission for the above named person to attend Colorado Challenge, to take part in all aspects there, and be bound by the rules set forth by the leaders of Colorado Challenge, Quaker Ridge Camp, and _____ (herein after "the Delegation"). I further agree to hold harmless all persons and organizations involved with the camp and further grant permission for Colorado Challenge to use the image or likeness of the above named individual in any photographs, camp videos, website, or other media.

Health Care Powers

The undersigned, in the event of an emergency, hereby appoints the adult leaders of Colorado Challenge, Quaker Ridge Camp, or the Delegation named above, each to act alone, and delegate to each such person the power to consent on my behalf to all emergency or medical treatment except elective surgery, determined necessary by a physician, dentist, or other health care provider licensed to practice under the laws of the state where the services are rendered for the person named above.

The adult leaders of Colorado Challenge, Quaker Ridge Camp, and the Delegation are hereby granted full power to substitute for each adult leader to seek medical care for the above named individual. Specifically authorized leaders include but are not limited to:

Nadene Davis - - Scott Davis - - Jason Van Meter, and

Fill in additional leader's name if applicable _____ Fill in additional leader's name if applicable _____

This authorization is intended to act as authorization for each adult leader of Colorado Challenge, Quaker Ridge Camp, and the Delegation, to each serve as personal representative and authorized recipients under the Health Insurance Portability and Accountability Act of 1996 and its regulations (HIPAA). Each representative shall have the unlimited right to request, access, and receive medical and personal information in any form from any individual or organization covered by HIPAA and its regulations.

This Power of Attorney shall continue until revoked by the undersigned, or for six months after its date, whichever is earlier. Health care providers may rely on this authorization during such six-month period unless otherwise notified.

The undersigned certifies that (s)he has read the above authorization and that (s)he understands the power granted herein.

Participant signature: _____

Printed name: _____

Date (MMDDYY): _____

Parent/gu. signature: _____

Printed name: _____

Date (MMDDYY): _____

Witness signature: _____

Printed name: _____

Date (MMDDYY): _____