



Nebraska Youth Range Camp HEALTH & WAIVER FORM

Due May 30, 2024

APPLICANT NAME: _____ AGE _____

IN CASE OF EMERGENCY, CONTACT: _____

PHONE: (DAYTIME) (____) _____

(NIGHT) (____) _____

PHYSICIAN TO CONTACT: _____

PHONE: (____) _____

INSURANCE INFORMATION
 INSURANCE COMPANY: _____

POLICY NUMBER: _____

HEALTH STATEMENT (To be completed by parent and/or medical doctor.) **(All "Yes" responses will require an explanation.)**

| | YES | NO | | YES | NO |
|--------------------------------------------------------------------------------------------------------------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Respiratory Problems – (Asthma, blood spitting, persistent cough, abnormal chest x-ray, T.B., etc) | _____ | _____ | 12. Emotional or Mental Disorders – (Frequent anxiety, excessive fears, etc.) | _____ | _____ |
| 2. Heart Disease – (High/low blood pressure, shortness of breath, murmurs, chest pain, Rheumatic Fever, etc) | _____ | _____ | 13. Surgical Operations, accident or injuries which required hospitalization in the past 2 years | _____ | _____ |
| 3. Stomach or Intestinal Problems – (Ulcers, jaundice, hernia, colitis, indigestion, etc) | _____ | _____ | 14. Recent Exposure to a Contagious Disease | _____ | _____ |
| 4. Kidney, Gall Bladder, or Liver | _____ | _____ | 15. Allergies | _____ | _____ |
| 5. Diabetes or Hypoglycemia | _____ | _____ | 16. Are you currently under a doctor's care? | _____ | _____ |
| 6. Muscular/Skeletal Problems – (Arthritis, hernia, recent fractures, etc.) | _____ | _____ | 17. Are you currently taking medication? | _____ | _____ |
| 7. Eye, Ear, Nose or Throat Problems | _____ | _____ | 18. Do you have any special dietary needs? | _____ | _____ |
| 8. Skin Diseases | _____ | _____ | 19. Do you have any limiting physical conditions? | _____ | _____ |
| 9. Nervous Disorders – (Convulsions, epilepsy, to dizziness, etc.) | _____ | _____ | 20. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 10. Have an orthodontic appliance? | _____ | _____ | 21. Can your child be given aspirin/Tylenol? (Please circle choice) | _____ | _____ |
| 11. Learning Disabilities (please explain clearly) | _____ | _____ | 22. Has your child shown any Covid-19 symptoms recently? | _____ | _____ |
| | | | 23. The participant will be bringing medication the event and will call attention of this fact to the Range Camp adult sponsor in charge. | _____ | _____ |
| | | | 24. Are the applicant's immunizations current? | _____ | _____ |

Explanations and Other Information: _____

TREATMENT RELEASE
In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the Nebraska Youth Range Camp Directors to hospitalize, secure proper treatment for and to order injections, anesthesia, and surgery for my/our child as named above. I/we agree to reimburse the Camp for any additional cost not covered by the insurance in the event of illnesses or injuries that might occur during the duration of the Camp and all Camp activities. In case of minor emergency, I hereby give permission for the administering of first aid.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PLEASE COMPLETE BOTH SIDES OF FORM

Parent's/Guardian's Consent

I/We have read and understand the information presented in this packet. **I/We are aware and understand that the activities included during the Nebraska Section SRM Range Camp (including hiking, swimming, canoeing, working with live animals, and other activities as outline in the agenda, including travel to and from various sites) involve inherent risks and may result in personal injury or death.** I understand that the staff will exercise reasonable care to ensure my child's safety. Adults accompanying the group will provide supervision and will exercise reasonable care to avoid accidents. In consideration of my child being allowed to participate in this event, I hereby agree on behalf of myself and my child, to release the Society for Range Management, Nebraska Section, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, personal injury, death or loss, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in any activities associated with Range Camp. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, personal injury, death, or loss, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in Range Camp.

I/We agree to cooperate with all camp procedures and regulations. I/we are fully informed about the risks associated with participation in the activities and consent to our child's participation in the Nebraska Section SRM Youth Range Camp.

Please select on box below:

I give permission to use my child's name/photograph in publications/ news articles pertaining to Range Camp.

I do NOT give permission to use my child's name/photograph.

SIGNATURE OF PARENT/GUARDIAN

DATE

**Mail to: Nebraska Youth Range Camp, 1458 U.S. Hwy 20, Gordon, NE 69343 or Scan
and Email to: kylee@sandhillstaskforce.org**

Due May 30, 2024

Please note the form must be completed and returned before the deadline or the student will not be eligible to attend Range Camp.