



# Nebraska Youth Range Camp HEALTH & WAIVER FORM

Due June 5th, 2026

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? <b>(Please circle choice)</b>	_____	_____
11. Learning Disabilities <b>(please explain clearly)</b>	_____	_____	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.

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**SIGNATURE OF PARENT/GUARDIAN**

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**DATE**

**Mail to: Nebraska Youth Range Camp, 312 S 17 Road Mitchell, NE 69357 or Scan and Email to: [tevyn@sandhillstaskforce.org](mailto:tevyn@sandhillstaskforce.org)**

Due June 5th, 2026

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



## *Youth Activity Release Form*

### Youth Policy

The University of Nebraska-College of Technical Agriculture (NCTA) has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in NCTA sponsored activities, clinics or conferences. Our policy includes safe interaction guidelines as well as background and sex registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience.

1. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
2. All NCTA activities will comply with NCTA's Youth Activities Safety Guidelines.
3. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media.

### Disciplinary Action

The activity directors of university-sponsored activities, clinics and conferences reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Printed Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent or Guardian's Phone Number