



Tall Timber Ranch Consent & Release Form

Return to: Tall Timber Ranch 27875 White River Rd.; Leavenworth, WA 98826 Fax: (509)763-1227

Camper Name: _____

Camp attending: _____

Camp Dates: _____

I grant my permission for one of the following may be administered to my child as needed:

Tylenol

Ibuprofen

Medical Release: In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia, or surgery for my child. This form may be copied for emergency purposes.

If you agree please sign

here: _____ **Date:** _____

Liability Release: I will not hold Tall Timber Ranch or the Presbytery of Central Washington or North Puget Sound, their agents or employees, responsible for any accident or injury, including illness or death arising out of my or my child's participation during the time period described in this registration. I further agree the camper has my permission to be transported for medical care or to participate in programs conducted off the Tall Timber Ranch grounds. I also grant permission to Tall Timber Ranch to photograph the camper during activities and use the photographs in audio-visual and printed materials without compensation or approval rights.

If you agree please sign

here: _____ **Date:** _____

This form must be completed, signed, and returned before the first day of camp.