

BLUE MOUNTAIN RANCH CAMP, INC.
Liability Waiver/Release Form

In consideration for being allowed to participate in or assist with Blue Mountain Ranch Camp, Inc. and on behalf of myself, my child, my children, and my successors, heirs, representatives, executive and/or assigns (collectively referred to as "releasing parties"), I release and forever discharge Blue Mountain Ranch, Inc. and the Graf family and their respective owners, directors, agents and employees (collectively "the released parties") from any and all liability, claims, liens, actions or causes of action of any nature whatsoever arising out of any damage, loss or injury (including death) to the releasing parties and/or their property while participating in Blue Mountain Ranch summer/winter camp programs, or any other activity which may be contemplated and conducted at such camps on such dates regardless of the cause of such loss, injury (including death) or damage.

I know the risks and dangers inherent I participating in the Blue Mountain Ranch program. My child or children voluntarily assume all risks of injury to his/her/their person (including death) and his/her/their property that may be sustained by participating in the Blue Mountain Ranch program.

I hereby acknowledge that I have carefully read this Liability Waiver/Release Form, as well as the entire content of any included information packet, and fully understand its content. Further I give my consent for my child/children to participate in any activity offered by the camp unless otherwise noted here: _____
This includes but is not limited to swimming, canoeing, rappelling, ropes course, overnight camping, non-contact sports, tubing, and the Alpine Slide in Breckenridge.

I understand that Blue Mountain Ranch Camp, Inc. does NOT provide health insurance for my child/children to participate in the camp and that I am responsible for all medical expenses related to participation in camp.

My child will have medical insurance provided by (Name of Insurance Company)

On the following dates of camp: _____

Please attach a copy of your insurance card to this form.

Name (Please print) _____

Parent or guardian signature _____ Date _____