



Rockhaven Camp and Retreat Center

66850 Gallatin Gateway, MT 59730

Site Number: (406) 763-4212

Director Number: (406) 451-7092

www.rockhavencamp.org

CONSENT AND RELEASE FORM

Group name: _____

Your name: _____ Date: ____ / ____ / ____

Are you over 18? YES / NO

If younger, how old? _____ *Please have a legal guardian complete this form with you.*

Emergency Contact: _____ Relation: _____

Primary Phone: (____) _____ Secondary phone: (____) _____

Do you have any mobility impairments: YES / NO

If yes, please identify and explain:

Do you have any neurological conditions or mental health diagnoses (ex: phobias, anxiety, depression, seizures, etc.): YES / NO

If yes, identify and explain.

Are you currently taking any medications, prescribed or otherwise? YES / NO

If we need to be aware, please identify and explain.

Do you have any allergies, or known reactions to medications? YES / NO

If yes, identify and explain.



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Do you have a heart condition? YES / NO

If yes, please identify and explain.

Do you have any chronic pain conditions (back pain, migraines, etc.)? YES / NO

If yes, please identify and explain.

Sign and return the form to your group leader or the Rockhaven Director:

Participant Signature _____ Date _____

Guardian signature (if under 18) _____

Participant printed name _____

Participant (or guardian) contact information:

Address: _____

Phone: _____ Email: _____