

# Sonlight Parent/Guardian Authorizations

(Two Pages)



Camper Name:

\_\_\_\_\_

First

Middle

Last

## Alternate Emergency Contact

**When You Aren't Available**—If we cannot reach you, provide contact information for other people who know your child and with whom we can consult. **Two alternate contacts and place of employment are required by Colorado childcare regulation.**

Alternate contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Place of Employment (Include City & State): \_\_\_\_\_

**Authorizations:** *Please initial each authorization below, and then sign and date*

Return this form by **May 15**

**Mail:**  
Sonlight Christian Camp  
PO Box 536  
Pagosa Springs, CO 81147

**Fax:** 877.335.2331

**Email:**  
registrar@sonlightcamp.org

Camp  
Dates: \_\_\_\_\_

Name of the camp week:  
\_\_\_\_\_

*For example Junior Camp, Adventure June,  
Discovery August, High School 10 Day  
Camp, etc.*

## Parent/Guardian Authorization for Healthcare:

\_\_\_\_\_ The health history is correct, and the person described has permission to participate in all camp activities except as noted by me and/or the **(initials)** examining physician. I give permission for Sonlight staff to administer first aid and/or transport as they see needed and to turn care and transport over to ambulance or search and rescue personnel if the need should arise. I give permission to the physician selected by Sonlight to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me/my child. Sonlight has permission to obtain a copy of my child's health record from the providers they access to treat my child. I understand that information about me/my child's health will be shared on a "need to know" basis with other Sonlight Camp staff, to include food service staff, and/or counseling staff. I acknowledge and agree that, pursuant to applicable Colorado law, medical disclosures of a sensitive nature, including those related to the child's sexual activity, might, under certain circumstances, be withheld from me unless the child consents to notification. I understand that Sonlight is in a rural environment. Treatment for my child by a physician may be hours from Sonlight resident camp, and much longer for excursions or outcamps. This form may be photocopied.

## Authorization for Photos

\_\_\_\_\_ I give my permission for the photos taken of me/my child participating in camp activities to be used for the promotional purpose of camp, and **(initials)** Sonlight, to include the website.

## Authorization for Sunscreen

\_\_\_\_\_ I hereby understand that Sonlight Adventures provides SPF30 Broad Spectrum Sunscreen produced by Rocky Mountain Sunscreen for camper **(initials)** use to protect my child from sun exposure. Campers will be instructed to apply according to the manufacturer's labeled instructions. If I provide sunblock for my child, it must be labeled with the child's first and last name.

## Acknowledgement of Risk

\_\_\_\_\_ I understand that camp can have certain inherent risks, that the mountain environment is different than the city that situations may arise which **(initials)** will be dealt with differently than in an urban area. I understand that cell phones and other electronic devices may not be used at Sonlight or on the wilderness or backpack trips.

Signature of Parent/Guardian or Adult Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Sonlight Adventures, Inc.**  
**Acknowledgment of Risks, Indemnification, and Release of Liability**

Print Participant Name \_\_\_\_\_

Trip Dates \_\_\_\_\_ Camp or Group Name \_\_\_\_\_

Although Sonlight Adventures (A.K.A. Sonlight Christian Camp) has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that Sonlight does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks.

- Trips occur at high altitude. Sonlight's backpack base is about 8,000 feet above sea level with trips usually topping out between 12,500 and 13,300 feet. Above 7,000 feet people have a risk of developing a range of high altitude illnesses which can range from headaches and nausea, and in rare cases, death.
- Most Sonlight trips take place in the San Juan National Forest, part of which is a remote wilderness area. Sonlight staff are trained in first aid, but if needed, more advanced medical care may be several days away due to lack of communication, difficulty of travel, and environmental factors. Sonlight staff do carry cell phones, however, coverage is very limited in the mountain areas where most trips occur.
- Travel is primarily by foot over trails that may be narrow, unstable, unpredictable, slick, or snow covered. Each person will carry a backpack that will include their own personal gear plus some group gear. We strive to keep packs between 40 and 50 pounds. Travel to and from the trail is done by vehicle, and if evacuation becomes necessary, other travel forms including horseback and helicopter may be implemented as seen appropriate by rescue personnel.
- Environmental factors can include weather, animals, rapidly moving water, falling and rolling rocks, lightning, and avalanches. Weather can change rapidly and unpredictably from hot and sunny to cold and snowy. Afternoon thunderstorms or hail storms are fairly common in the summer months. Possible injuries or illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- Meals are prepared over gas stoves and open fires. Water often requires disinfection before use. Camping risks and hazards include but are not limited to burns, cuts, wild animals, diarrhea and flu-like illness, falling timber, and falling rocks.
- Sonlight staff receives training in wilderness travel and first aid but are not infallible. Decisions are made, by the Sonlight staff and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment.

I understand the above description of the risks involved is not complete and that other unknown or unanticipated risks may result in property loss, injury, illness, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. I have verified with my physician and other medical professional that I have no past or current physical or psychological condition that might affect my participation in the course, other than those described on the Health Form. I agree to release from liability Sonlight Adventures Inc. (A.K.A. Sonlight Christian Camp), its staff, counselors, and Board of Directors. I also agree to indemnify Sonlight Adventures Inc., its staff, counselors, and Board of Directors in the event of a civil suit. I agree that any litigation involving Sonlight Adventures Inc., its staff, counselors, or Board of Directors will occur in Archuleta County, Colorado. I also understand and agree that if any part of this document does not apply, the rest of the document will remain in effect.

I, and my parent(s) or guardian, if I am a minor, have read, understood, had the opportunity to ask questions, and accepted the terms and conditions stated herein.

**Signature of Participant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent(s) or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(If participant is under 18 years of age)*

**Sonlight Adventures, Inc.**  
**A.K.A. Sonlight Christian Camp**  
PO Box 536, Pagosa Springs, CO 81147  
970. 264.4379  
email: [sonlight@sonlightcamp.org](mailto:sonlight@sonlightcamp.org)  
sonlightcamp.org