



Longhorn Rangers, LTD.

Inks Lake, Indian Springs & C3 on Inks

#1 Camp Longhorn Rd., Burnet, Texas 78611

(512) 793-2811 - Office (512) 793-6732 - Fax

www.camplonghorn.com

Dear Parents,

Camp Longhorn has always placed health and safety as our #1 concern, and it is everyone's desire that no mishap or illness occur while on our trip to Colorado. However, in the event of an illness or injury was to happen, we need to have parent's permission for medical treatment and permission for your child to travel with us out of state. Please sign the Release Form below and return it to us as soon as possible in order for your son to join in on the Ranger trip.

Sincerely,

Patrick Robertson, Mark Manning & David Bennett

Directors

PERMISSION TO ATTEND AND MEDICAL RELEASE

We understand and are aware that our child will be participating daily in many supervised physical activities and that the potential for accidents does exist. We understand that some of the activities in which our child will be participating include wilderness camping, whitewater rafting, rock climbing and rappelling. We further understand that some of these activities are to be conducted in conjunction with or for Longhorn Rangers, Ltd., by Outpost Wilderness Adventures, LLC and American Adventure Expeditions, LLC.

We hereby give permission for our child to participate in all activities and to ride in vehicles selected by Longhorn Rangers, Ltd., and in consideration of the acceptance for our child to attend Longhorn Rangers, we hold Longhorn Rangers, Ltd., Outpost Wilderness Adventures, LLC their owners and operators harmless from all liability resulting in any accident or illness to our child. In the event of an emergency requiring surgery or other medical treatment, permission is given for treatment by doctors, hospitals, and/or clinics as selected by Longhorn Rangers and its staff. A copy of this form shall be the same as the original.

Camper Name: _____ Birthdate: _____ Age: _____

Camper's Cell Phone Number: _____

Parent(s) Signature(s): _____ Date: _____

_____ Date: _____

In case of an emergency, please contact:

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____