



For area use only: Area # _____

CONSENT / RELEASE FOR YOUNG LIFE ACTIVITY Under 72 Hours

I or my child _____ will be participating in a Young Life Event: _____
Print Name Event Name

that includes such activities as (but is not limited to): _____
Description of Activities

These activities will be held at: _____
Name and Address of Location

This Activity involves overnight stay at _____
Leave blank if not applicable. Name and Address of Location

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: Young Life wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ Birth date _____ Age _____ Sex _____
Last, First, Middle

Home Contact Info _____
Parents/Guardian/Spouse Name

Phone Number _____ Email Address _____

Home Contact Address _____

Emergency Backup Contact Info (Different from above) _____
Name, Number

Any allergies or other medical needs? _____	
Limits to activities _____	
Name of Physician: _____	Physician Phone: _____
Medical Insurance Company: _____	Policy Number/website: _____

Accident Coverage

I understand that my personal insurance will be primary coverage for accidents and that Young Life's insurance is secondary up to a maximum of \$20,000 (\$4,000 for dental claims). Exception: if the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses or pre-existing conditions. If you have questions, please contact Young Life Risk Management at (719) 867-3600.

For all camps and travel outside of the USA, you are responsible to confirm that your medical insurance provides coverage for accidents/or illness outside of the USA and/or you have purchased international travel medical insurance for yourself or your child. You also acknowledge and agree that you are personally responsible for any and all medical costs including all emergency medical transportation that are not covered by your personal medical health insurance.

Authorization for Treatment:

I/We hereby give permission to the medical personnel selected by Young Life to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 867-3600.

I have received notice and agree to the release of my personal information and required health information as outlined in Young Life's "Privacy Statement." Available at <https://www.younglife.org/privacy-policy/>.

Indemnity and Contract Agreement:

I expressly assume any and all risks of injury, illness or infectious and/or contagious diseases or sicknesses, death, or damage to my person or property arising from or relating to my or my child’s participation in the Event, including travel to and from the Event. I recognize that my/my child’s participation in the Event is a privilege and as consideration for this privilege, I waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Young Life, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively “Releasees”) arising from or relating in any way to my/my child’s voluntary participation in the Event, including travel to and from the Event and the Activities at the Event, unless arising out of the willful or grossly negligent act of the Releasees, and I agree to indemnify the Releasees should any such loss, damage or claim occur.

I verify that I/my child named is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I further acknowledge that I have had an opportunity to inquire about the kinds of activities which will take place at the Event and that I/my child am capable of participating in all activities except what I indicated in the limitations to activities section above.

I understand that signing this Consent/Release means, among other things, that if I am/my child is injured or dies as a result of my/their participation in the Event, I, and/or my family or heirs cannot under any circumstances sue Releasees for damages relating to or caused by my injuries or death.

I recognize and acknowledge that Young Life is neither a common carrier or in the business of providing transportation services. In consideration for allowing myself and/or my child to be transported to and from the Event with Young Life, I further reaffirm my assumption of the risks of being transported to and from the Event on behalf of myself and/or my child. I also understand that if circumstances arise where I deem it necessary for I and/or my child to be transported from the Event through a transportation method outside of Young Life, I do so at my own risk and agree to release the Releasees from any and all liability related to such decision.

I hereby grant Young Life permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Young Life, including the Internet.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

Participant Signature _____ Date _____

FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Parent/Guardian Signature _____ Date: _____

Print Parent Name _____