

[ ] I have filled out and submitted the online waiver for Sky Zone.

(Please place check mark in semi-box above)

For area use only: Area # MO22



# CONSENT / RELEASE FOR YOUNG LIFE ACTIVITY

I or my child will be participating in a Young Life activity: WyldLife Late Night to Shawnee Mission on December 14th, 2018  
Enter description and date of activity here

**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

School/Grade \_\_\_\_\_ Participant's Phone Number \_\_\_\_\_

### Parent/Guardian/Spouse/Emergency Contact Information

Name of Parent/Gaurdian/Spouse \_\_\_\_\_ Relationship \_\_\_\_\_  
Last, First, Middle

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

2<sup>nd</sup> Emergency Contact (Different from above) \_\_\_\_\_  
Name / Relationship / Phone Number

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

### **INDEMNITY AND CONTRACT AGREEMENT:**

I will not hold or attempt to hold Young Life liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

### **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](http://www.younglife.org) or call (719) 381-1950.

I verify that I or child named above 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 recognize that any medical treatment that is provided to me (or my child) while attending a Young Life activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. Young Life provides SECONDARY insurance for accidents in the amount of \$20,000 medical, \$4,000 dental. Claims less than \$250 are covered in full by Young Life.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_