



SHORT HEALTH AND ACTIVITY CONSENT FORM

Event Name: WyldLife Late Night 2023 Event Location(s): The SMC (3015 Felix, St Joe, MO 64501)
Event Name/Title Name and Address of Location

Event Activity Description (including, but not limited to): Bowling, Laser Tag, Bounce House Maze, Gym Activities
Description of Activities

Event Date: 12 / 16 / 2023 through 12 / 16 / 2023 (enter end date, if an overnight event)
Start Date (mm/dd/yy) End Date (mm/dd/yy)

PARTICIPANT DETAILS

Note to Participant/Parents-Guardians: Young Life wants your 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:

Are you completing this form for yourself or for a participant you have guardianship over?

- Completing for myself (I can give legal consent for myself) Completing for a participant I have guardianship over

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

Participant Height: _____ Participant Weight: _____ Participant Phone: _____
(feet and inches) (lbs) (Parent/Guardian if participant is under 18)

Email Address: _____ Street Address _____
(street address, city, state, zip code)

Parent/Guardian Name: _____ Parent/Guardian Phone: _____
(if participant is under 18) (if participant is under 18)

Emergency Contact Name: _____ Phone Number: _____ Relationship: _____

PHOTO RELEASE

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 agree I disagree

MEDICAL

Name of Physician: _____ Physician Phone: _____

Accident Coverage

- Currently Insured - Medical Insurance Company: _____ Policy Number: _____
 Not Currently Insured - Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Does this participant have any limitations to activities?
If yes, please list any limits here:

Medical Allergies

- None
 Penicillin
 Bees
 Amoxicillin
 Sulfa
 Other: _____

Food Allergies/Restrictions

- None
 Peanut Allergy
 Fish Allergy
 Milk Allergy
 Celiac Disease
 Vegan
 Tree Nut Allergy

- Shellfish Allergy
 Dairy Intolerance
 No Pork
 Egg Allergy
 Soy Allergy
 Gluten Intolerance
 Vegetarian
 Other: _____

Young Life's desire is for every person to feel a sense of belonging. Participants who need aids or other disability related accommodations to participate in Young Life's programs are invited to make their needs and preferences known. Interested participants should provide as much advance notice as possible.

Does this participant have a disability or accommodation request they would like Young Life to be aware of?

- No Yes Prefer not to disclose

How can we best support this participant? _____

If yes, please select all that apply:

- Physical Disability
 Visual Impairment
 Hearing Impairment
 Intellectual Disability
 Other: _____

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 to provide or arrange necessary related transportation for the above named person.

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 have been informed of the risks related to this Event, including any inherent risks that cannot be eliminated, and 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. In doing so, I acknowledge and certify that I, or my child, am/is fit to participate in this Event and have not been advised otherwise by a qualified medical person. 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.

Young Life is committed to the safety of all participants. I understand that weapons of any kind are not permitted at any Young Life activities, camps or events.

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 participation in Young Life activities requires the use of certain safety equipment. I have been provided information on the safety equipment that I, or my child, will be required to wear at all times during the specific activity. I understand that I, or my child, assumes responsibility for inspecting the safety equipment prior to its use to ensure that the safety equipment is in good condition and to timely notify Young Life if there are any concerns prior to using the safety equipment.

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 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 _____

