



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps 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 Last First Middle Initial

Birthdate Age Sex

Spouse/First Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Second Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Any allergies or other medical needs?

Name of Physician Last First Middle Initial Phone Number

Address Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company Policy Number

Address Street and Number City State/Province Zip/Postal

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 on or about the Property, 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 my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me 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 hereby give permission to the medical personnel selected by the camp director 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) 381-1950).

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature Date

Name of Your Group/Church Dates of Event



SNOW TUBING AND ICE RINK ACTIVITIES

WAIVER AND RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

I acknowledge and understand that there are inherent risks associated with participating in snow tubing and ice rink activities (hereinafter "Activities"). (For the purposes of this waiver and release ice rink activities include, but are not limited to ice skating, hockey and broom ball.) These inherent risks include, but are not limited to: weather and temperature; facilities; existing and changing snow conditions; equipment; collisions with natural objects, manmade objects, or other participants; variations in terrain; actions of other people, including but not limited to, participants, spectators, volunteers, coaches, officials and monitors; and the failure of other participants to participate within their own abilities.

In consideration for the privilege of my participation in the Activities, the above dangers are recognized and accepted whether or not they are marked. I acknowledge that I am responsible for reading and understanding all signage and instructions and agree to comply with them. I agree to remain alert to hazards and act in a prudent manner at all times

I will assume all of the risks associated therewith, whether known or unknown to me at this time. I acknowledge and certify that I am fit to participate in the Activities and have not been advised otherwise by a qualified medical person. I hereby consent to medical treatment which may be deemed advisable in the event of injury, accident and/or illness during my participation in the Activities. I understand and agree that I am solely responsible for any medical expenses, emergency transportation and search and rescue fees, and other costs and expenses that may arise out of personal injury or property damage or loss, or other mishaps, suffered by me as a result of time spent participating in the Activities. If I experience injury or illness while participating in the Activities, or am reported as lost, I authorize Young Life to obtain medical or other emergency assistance, as they deem appropriate, and I agree to pay all costs associated with such services.

In consideration for permitting me to participate in the Activities, I release Young Life and its directors, officers, employees, volunteers and agents from responsibility for my accidental physical injury, including death or illness, and loss of, or damage to, personal property while participating in the Activities. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns. I acknowledge and certify that I will indemnify and hold harmless the entities and/or persons mentioned in this paragraph from any and all liability and/or claims made by other individuals and/or entities as a result of my actions during the Activities.

Acknowledgement of Inherent Risk, Waiver and Release for Minor Participant

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian acknowledges that I am fit to participate in the Activities. My parent or guardian also promises, by signing below, to defend, indemnify and hold Young Life harmless from any claim asserted by me against Young Life including its trustees, employees, volunteers and agents, if I should repudiate this release after obtaining adulthood.

Photo Release

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

Signature of parent or guardian or adult participant

Date

Printed Name of Participant