younglife

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

Phone Home_____ Business_____ Cell _____

Second Emergency Contact _____
Last First Middle Initial

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

Phone Home_____ Business_____ Cell _____

Any allergies or other medical needs?

_____

Name of Physician_____ Phone_____
Last First

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

☐I have had a physical within the last 24 months

Medical Insurance Company_____ Policy #_____ Phone_____

Address_____ Website_____
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 grossly 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.

To obtain a copy of Young Life's Notice of Privacy Practices, log on to https://www.younglife.org/privacy-policy/ or call (719) 867-3600.
I verify that I am or my child is 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 and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: Malibu Club/Beyond Malibu: I agree that any complaint, demand, dispute, claim involving bodily injury including death and/or personal injury or cause of action arising out of or in any way related to Young Lie's Malibu Club or Beyond Malibu, including any activity, event, medical treatment, and/or transportation will be governed by the laws and jurisdiction of the Canadian Province where the event or incident occurred.

SAFETY: 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.

WAIVER AND RELEASE
If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, also consent 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_____

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