



CONSENT RELEASE FOR YOUNG LIFE ACTIVITY

I or my child will be participating in a Young Life activity: Rockbridge Alum Springs

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:

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

Parent or Guardian Name and Address _____

Parents (or Guardian) Phone # _____ Email _____

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

Any allergies (including food allergies) _____

Any special dietary needs? _____

Any other medical needs? _____

Are there any limits to activities your child can participate in? _____

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 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 \$4,000 medical, \$2,000 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.

I acknowledge I have read and understand Young Life's policy regarding the H1N1 flu BELOW.

Signature _____ Date _____

Young Life's H1N1 Flu Policy

Parents should not allow a child to attend any Young Life function if they have had any flu-like symptoms (fever — temperature of 100°F [37.8° C] or greater — and a cough and/or a sore throat in the absence of a KNOWN cause other than Influenza) at least seven days prior to the event.

Kids with these symptoms during a Young Life overnight event will be isolated from the general event population.

Young Life will follow the recommendations of the local health officials as it relates to the H1N1 protocol.

If a school is closed by local authorities prior to a Young Life gathering, Young Life will not allow students from closed schools to attend the event.

Young Life's policy is to refund all deposits and balances subject to cancellation penalties incurred from vendors for the event.