



For area use only: Area # _____

CONSENT / RELEASE FOR YOUNG LIFE ACTIVITY Under 72 Hours

I or my child _____ will be participating in a Young Life Event: _____
Print Name Event Name

that includes such activities as (but is not limited to): _____
Description of Activities

These activities will be held at: _____
Name and Address of Location

This Activity involves overnight stay at _____
Leave blank if not applicable. Name and Address of Location

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

Home Contact Info _____
Parents/Guardian/Spouse Name

Phone Number _____ Email Address _____

Home Contact Address _____

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

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

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.

Indemnity and Contract Agreement:

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. 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 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.

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 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.

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) 867-3600.

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/>.

COVID19:

I verify that I or child named above has not been diagnosed with COVID19 and that I/my child does NOT have nor has had any of the following symptoms of COVID19 in the past 10 days: Coughing, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if Young Life has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 while participating in, or traveling to and from, the Event and I release Young Life in the event of such an occurrence.

The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID-

19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High-Risk criteria, please acknowledge your understanding and willingness to accept this risk and release Young Life from any and all liability should you or your child become ill during any part of this Event.

For more information on COVID-19 including symptoms, preventive measures and information on individuals who are at increased risk, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

TRANSPORTATION AGREEMENT:

Young Life acknowledges that transportation to and from youth events, activities and camp, can be challenging for families who desire for their kids to attend. While Young Life will make every effort to provide opportunities for individuals to socially distance, individuals will likely have regular interaction with other individuals in their cabin (small group), much like they would with other members in their "household". Young Life may offer to coordinate travel to and from events, activities and camp, with individuals from the same cabin (small group) in vehicles where passengers may be seated less than 6ft apart. Notwithstanding, Young Life may also take other reasonable precautions which may include cleaning and disinfecting vehicles, asking passengers to wear face coverings, etc. The CDC recommends masks in locations where the [community risk level](#) is "high". Masks will be required in places where a state or local mandate requires they be worn. I acknowledge my understanding of the fact that my child may be transported in a vehicle which does not maintain at least 6ft of physical distance to and from Young Life events, activities and camp. I further release Young Life, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives from any and all liability which might result from my child becoming ill or infected with any type of contagious disease as a result of the transportation by Young Life of my child to and from these events.

_____ I agree

_____ I do not agree, I acknowledge that I will be responsible for providing transportation for my child to and from this Young Life Event.

Parent/Guardian Signature _____ Date: _____

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 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 _____