



Mandatory Forms- Health Forms and Prescription Medications

For those 18 and under, parent or guardian signatures are required on all forms for Beyond Malibu.

Health Forms:

Due to the physical element and remote setting of a Beyond Malibu trip, a physical exam and physician signature within 12 months of participating is required. **For safety purposes it is very important that the Camping Health, Consent and Release Form is clear, thorough, printed out in its entirety and turned in upon arrival at basecamp.** Thank you for your attention to these details, here are the steps:

- 1) PRINT AND COMPLETE- Camping Health, Consent and Release Form
 - Participant Cover Letter communicates Young Life's expectations with regards to insurance and liability in the event of illness or injury during the trip. Please read carefully.
 - Physician Cover Letter explains the physical expectations of a Beyond Malibu trip so your physician can assess and communicate your medical health concerns accordingly.
 - Camping Health, Consent and Release Form is to be completed by participant and/or parent/guardian **and** reviewed by a physician during a physical exam.
- 2) EXAM- Go to your physician for a physical exam; have them review the Physician cover letter and completed Camping Health, Consent and Release Form and sign in appropriate places.
- 3) NOTIFY- *Please notify your trip leader and/or our office as soon as possible of any special medical conditions, dietary restrictions, food allergies, or other health related concerns.* Phone: 206-525-0791 Email: beyondmalibu@beyondmalibu.younglife.org
- 4) TURN IN- Turn in the complete and signed Camping Health, Consent and Release Form to your trip leader. For Beyond Malibu all of these forms must be completed and presented in their entirety in the form of hard copies upon arrival at basecamp or persons will not be able to participate.

Prescription Medications:

According to best practices for British Columbia adventure camps, our Guides will take possession of and dispense all prescription medications for participants 18 and under, except emergency medications such as inhalers and/or EPI pens. Our guides have completed Wilderness Advanced First Aid training and follow guidelines established by our Medical Director regarding the handling, administration, and documentation of prescription medications.

Parents are responsible for ensuring that their child has an adequate supply of needed prescription medications for the entire duration of this adventure, including travel time to and from Beyond Malibu. Medications must be in their original container with the pharmacist's label. Prescription medications not in their original container with the pharmacist's label (such as a daily pill box) are not acceptable. Label all over-the-counter meds with the camper's full name and place them in a Ziploc-type bag. **If your child is prescribed an EPI pen for severe allergic reactions, Beyond Malibu requires each child to carry at least 2 EPI pens while on a Beyond Malibu Adventure.**



beyondmalibu@beyondmalibu.younglife.org | 206-525-0791

Dear Beyond Malibu Participant or Parent/Guardian,

Young Life Beyond Malibu is looking forward to serving you on a trip this summer. Beyond Malibu is located in British Columbia, Canada and has been safely providing adventure experiences in the inlets and mountains of the Coastal Mountain range since 1970. This is a challenging experience accomplished by thousands of campers with a wide range of abilities. Our hikes in the mountains will range from sea level to 8000 feet in elevation. You will be traveling through mountainous terrain carrying packs that range from 30 to 50 pounds for an average of 5-8 miles per day. You will work with your fellow participants, sharing weight, encouragements, and participating in teamwork to safely accomplish the group's goals.

To help us provide the best possible experience for you we will need you to thoroughly read and complete the "INDIVIDUAL GUEST HEALTH AND CONSENT FORMS" and turn them into your trip leader.

Please note that everything in this document is IMPORTANT information to clearly communicate Young Life's expectations with regards to insurance, medical information, physician's signatures and awareness of risk. Please complete all of the required information accurately including the signatures marked by the appropriate tabs.

We would like to highlight a few important sections of this form.

1. Under Insurance:

- a. As a participant you understand that your personal medical/health insurance is and will be the sole coverage for accidents and/or illness while traveling to and from and while attending this wilderness program.
- b. Please check with your insurance provider to see if you have medical coverage in Canada. If they do not we suggest you get international travel insurance. Because we are a camp that conducts mountaineering activities, there are only two Travel Insurance plans that we have found to cover Mountaineering:
 - Atlas Plan from WorldTrips
 - <https://quote.worldtrips.com/atlastravel/?referid=9800WT-19>
 - Patriot Lite Insurance from IMG Global
 - <https://www.imglobal.com/travel-medical-insurance/patriot-travel-medical-insurance>
- c. If an individual is not insured or an individual's personal medical/health insurance and/or additional travel insurance does not cover the costs associated with an accident, **you as the individual remain fully liable and responsible for payment of any such hospital, doctor, medical transport, dental and medical fees.**

We have found that basic emergency evacuations costs start at \$2,000 and any additional medical care costs would be in addition to the evacuation cost. Due to some instances where US insurance companies were unwilling to pay a Canadian Emergency Medical Services provider you may be required to pay these charges by credit card promptly upon delivery of services. After payment is received, you may then choose to follow up with your insurance provider for reimbursement.

Thank you for paying close attention to these details. We look forward to your participation with Beyond Malibu this summer.

Sincerely,
Camp Administration



To the Physician, Licensed Nurse Practitioner, or Physician's Assistant,

Beyond Malibu is located in Princess Louisa Inlet British Columbia, Canada and has been safely providing both hiking and sea kayaking wilderness adventure experiences in the remote inlets and mountains of the Coastal Mountain range since 1970.

A participant on a Beyond Malibu mountain trip will travel approximately 15 -30 miles during their 6 days on the trail with daily hiking distances of approximately 5 to 8 miles per day. This can vary given the group's ability and circumstances. They travel at elevations ranging from sea level to 8500 feet with daily ascents or descents of 900 to 3500 feet. Each day they camp along the trail in tents. Temperatures can range from freezing to 80 degrees Fahrenheit. They will be hiking up and down mountains, trails, over rocks, alpine vegetation, and on snow fields. They will be carrying a backpack and supplies which can weigh between 30 and 50 pounds, or approximately 1/3 their body weight.

We have found that people who are in overall good health with average physical ability can successfully complete the Beyond experience.

In the interest of the personal safety of both the participant and the other trip members, we are asking you to assess this applicant's physical, emotional and mental wellbeing. Please review the participants completed Young Life Adventure Camp Individual Guest Health and Consent Form ensuring that it is complete and it lists all of the participant's medical conditions, allergies and treatments. On the PHYSICIAN section, please answer the 3 questions in light of the participant's medical history and the trip description above.

Thank you.

Sincerely,

Camping Administration

Name:

Mission Unit:

YL younglife Camping Health, Consent and Release Form

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel to and from, and attendance at, this specific camp. A new form must be completed for each Young Life Camp experience.

Home Area:
Camp: Beyond Malibu (6600)
Guest Type:
Session/Week:
Camp Dates: _____ to _____
Version: 17

Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. It is important that we have the following information, which will be shared with appropriate staff, to keep you or your child safe at camp and in the event of an accident or illness.

1. Medical history & medical insurance information
2. Proof of physical examination, verified by physician's signature, required for specific guests attending Beyond Malibu or specific camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Rocky Creek Ranch, or Wilderness Ranch).
3. Pregnant and Post-Delivery Teens: Pregnant teens and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. **Teen moms less than 6 weeks post-delivery on camp date may not attend. Pregnant teens over 34 weeks are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.**
4. A physician's release is required for all infants 6-12 weeks on camp date and for infants attending any CO or MN camps. Infants younger than 6 weeks on camp date may not attend any camp. Infants younger than 12 weeks may not attend Washington Family Ranch, Malibu Club, Beyond Malibu, Wilderness Ranch, or remote camps.

CAMPER/GUEST			
Name:	Birthdate:	Gender:	Age:
Parent/Guardian/Spouse:	Cell Phone:	Email:	
Home Address:	Home Address:		
Second Parent/Guardian:	Cell Phone:	Email:	
Home Address:	Home Phone:		
Emergency Contact:	Cell Phone:	Email:	
Home Address:	Home Phone:		
School Camper Attends:			

Doctor Information			
Family Physician:	Phone:	Family Dentist:	Phone:
	Phone:		Orthodontist:

Biometrics
HEALTH CARE RECOMMENDATIONS: A physician, nurse practitioner, or physician's assistant must complete this section for the following individuals: those under the age of 18 attending camps located in CO; those attending camps located in MN; those attending Beyond Malibu; those attending any Young Life camp who are pregnant or have given birth within 12 weeks of the camp date. A parent or adult applicants must complete the section below if the above conditions do not apply.
1. Does the applicant have any diagnosed development or medical condition of the blood, neurologic, heart, respiratory, or metabolic system, including, but not limited to: seizures, diabetes, sickle cell disease, heart or respiratory conditions that could limit participation at camps with high altitude (7,000-14,000 feet)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the condition and expected treatments:

2. Does the applicant have any medical conditions or physical disability that could limit participation in an active camp program regardless of elevation? <input type="checkbox"/>
Yes <input type="checkbox"/> No
Please explain the condition and expected treatments:

3. Will the applicant carry an epi-pen, inhaler or other emergency medication with them at camp and are they authorized to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide more information and any specific needs:

PHYSICIAN'S SIGNATURE: (CO, MN, Beyond Malibu, pregnant/post-delivery teens/infants 6-12 weeks). Must be obtained within the same calendar year as the camp trip
<input type="checkbox"/> I have examined the applicant within the past 12 months. Date examined _____
Height: _____ Weight: _____
Physician's Signature* _____ Date _____ Print Name _____
May be signed by Physician, Nurse Practitioner, or Physician's Assistant if required
Address _____ Phone () _____

Name:

Mission Unit:

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper 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 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 costs that are not covered by your personal medical health insurance.

Currently Insured – Insurance Company Name:

Policy Number:

Insurance Company Address:

Phone:

Insurance Web Address:

Not Currently Insured – Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Additional Health Information

The applicant is currently under the care of a physician for the following condition(s)

List any medication/treatment to be continued at camp (specify dosages)

Please list chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (include dates)

Explanation of any reported loss of consciousness, convulsion or concussion

Any camp activities from which applicant should be excluded

Will the applicant be in a wheelchair or have limited mobility while at camp?

IMMUNIZATION HISTORY

- Check and date any immunizations the applicant has received.
- Applicant has not been immunized. Reason the applicant was not immunized:
 - Medical
 - Personal
 - Religious
- Applicant will bring a paper immunization record (e.g: from physician) to camp
- DTaP (Diphtheria, Tetanus, & Pertussis) Date:
- TD (Tetanus and Diphtheria) Date:
- MMR (Measles, Mumps, Rubella) Date:
- Polio (OPV or IPV) Date:
- Hepatitis B Date:
- Varicella (Chicken Pox) Date:
- HIB (Haemophilus influenza B) Date:
- Covid Date:
- Covid Second Dose Date:
- Other Date:

HEALTH HISTORY

Health History

- Asthma
- Bleeding/Clotting Disorder
- Convulsions in last 60 days
- Diabetes
- Epilepsy/Seizures
- Frequent Ear Infections
- Heart Defect/Disease
- Hypertension
- Sickle Cell
- Neurological Condition

Has applicant had (include date):

- Chicken Pox Date:
- Measles Date:
- German Measles Date:
- Mumps Date:
- Hepatitis A Date:
- Hepatitis B Date:
- Hepatitis C Date:
- Mononucleosis Date:

- Currently pregnant Due date:
- Delivered baby in last 12 weeks Delivery date:
- Infant 6 to 12 weeks during the camp trip

Name:

Mission Unit:

Allergies and Dietary Restrictions

Food

- None
- Peanut Allergy Tree Nut Allergy Egg Allergy Fish Allergy Shellfish Allergy Soy Allergy
- Milk Allergy Dairy Intolerance Gluten Intolerance Celiac Disease No Pork Vegetarian
- Vegan Other Allergies (drug, insects, plant, etc.) - describe below

Medical

- None
- Penicillin Amoxicillin Sulfa Bees Other Allergies (drug, insects, plant, etc.) - describe below

PROTECTIVE CUSTODY

Is there a court order in place that lists certain persons who are or are not authorized to pick up the camper listed? Yes No

The following people are allowed to pick the camper listed up from camp

The following people are NOT allowed to pick the camper listed up from camp

Parent/Guardian/Adult Applicant Signature _____

Date: _____

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp management to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations*; and to provide or arrange necessary related transportation for the camper listed. In an emergency, I hereby give permission and authorize the medical provider selected by Young Life to secure or administer emergency medical treatment, including medical transportation and hospitalization and any other emergency medical procedures and services which may be needed for the person named herein. I authorize the medical provider or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment or transportation being required, and is given to encourage those persons who have temporary custody of the minor, and said medical provider or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize camper to carry emergency medications and use as directed.

Parent/Guardian/Adult Applicant Signature _____

Date: _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, medical transportation, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, medical transportation, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel as needed including trips out of camp.

Parent/Guardian/Adult Applicant Signature _____

Date: _____

*I have received notice and agree to the release of my/my child's personal information and required health information as outlined in Young Life's "Privacy Statement." Available at trust.younglife.org.

Parent/Guardian/Adult Applicant Signature _____

Date: _____

Name:

Mission Unit:

ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. 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, OR TRAVELING TO AND FROM, CAMP AND I RELEASE YOUNG LIFE IN THE EVENT OF SUCH AN OCCURRENCE. AS A GUARDIAN OR PARTICIPANT, I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THE ACTIVITIES THAT I MAY OR MY CHILD MAY BE ABLE TO PARTICIPATE IN BY CLICKING ON THE FOLLOWING LINK AND REVIEWING THE CAMPING ACTIVITIES LIST (<https://www.younglife.org/camping/activities/>) ASSOCIATED WITH THE CAMP THAT I AM OR MY CHILD IS ATTENDING. I WILL ASSUME THE RISKS ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY/MY CHILD'S ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY OR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH, ILLNESS OR INFECTIOUS AND/OR CONTAGIOUS DISEASES OR SICKNESS AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MYSELF/MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION. **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 LIFE'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.

I ACKNOWLEDGE THAT YOUNG LIFE RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO SEND MY CHILD HOME AT ANY TIME, SHOULD MY CHILD ENGAGE IN BEHAVIOR THAT DISTRACTS FROM THE PURPOSE OF CAMP, OR CREATES A DANGER TO THEMSELVES, YOUNG LIFE'S PROGRAMS, OR OTHER GUESTS. I FURTHER ACKNOWLEDGE THAT THE COST FOR TRANSPORTATION TO SEND MY CHILD HOME EARLY FROM CAMP WILL BE AT MY EXPENSE.

I ACKNOWLEDGE MY UNDERSTANDING OF THE FACT THAT I OR 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 ME OR MY CHILD BECOMING ILL OR INFECTED WITH ANY TYPE OF CONTAGIOUS DISEASE AS A RESULT OF THE TRANSPORTATION BY YOUNG LIFE OF MYSELF OR MY CHILD TO AND FROM THESE EVENTS.

WAIVER AND RELEASE

IF I AM UNDER AGE 18 OR UNDER THE AGE OF 19 IF ATTENDING MALIBU CLUB OR BEYOND MALIBU, 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 OR I 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. YOUNG LIFE'S PROPERTY INSURANCE PROVIDES COVERAGE FOR YOUR PERSONAL ITEMS DURING YOUR STAY AT A YOUNG LIFE CAMP, IF YOUR PERSONAL ITEMS ARE DAMAGED OR DESTROYED DUE TO A COVERED PERIL (WIND, FIRE AND SMOKE, LIGHTNING, WINDSTORMS AND HAIL, EXPLOSION, VANDALISM AND MALICIOUS MISCHIEF, OR THEFT) UP TO A MAXIMUM OF \$5,000 PER PERSON. IF THE TOTAL LOSS OR CLAIM IS LESS THAN \$250, YOUNG LIFE WILL PAY THE FULL AMOUNT. FOR LOSSES TO PERSONAL ITEMS ABOVE \$250, YOUNG LIFE WILL COORDINATE PAYMENTS FOR DEDUCTIBLES AND CO-PAYS WITH YOUR HOMEOWNER'S OR RENTAL INSURANCE NOT TO EXCEED THE \$5,000 MAXIMUM LIMIT.

Parent/Guardian/Adult Applicant Signature _____

Date: _____

EQUINE ACTIVITIES RELEASE

UNDER **ARIZONA** LAW, A SIGNED RELEASE ACKNOWLEDGES THAT THE PERSON IS AWARE OF THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES, IS WILLING AND ABLE TO ACCEPT FULL RESPONSIBILITIES FOR THEIR OWN SAFETY AND WELFARE AND RELEASES THE EQUINE OWNER OR AGENT FROM LIABILITY UNLESS THE EQUINE OWNER OR AGENT IS GROSSLY NEGLIGENT OR COMMITS WILLFUL, WANTON OR INTENTIONAL ACTS OR OMISSIONS.

UNDER **COLORADO** LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

UNDER **NORTH CAROLINA** LAW, (NC GENERAL STATUTES 99E-1), AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

UNDER **TEXAS** LAW, (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

AS PROVIDED IN **VIRGINIA** CODE §3.2-6202 THE UNDERSIGNED ACKNOWLEDGES AND UNDERSTANDS THAT INHERENT RISKS MAY EXIST FOR PERSONS INVOLVED IN EQUINE ACTIVITIES DUE TO THE UNPREDICTABLE NATURE OF EQUINE'S REACTIONS TO THEIR ENVIRONMENT. SUCH RISKS MAY INCLUDE PERSONAL INJURY, HARM OR EVEN DEATH. THE UNDERSIGNED RELEASES THE EQUINE OWNER AND/OR ACTIVITY SPONSOR FROM ANY AND ALL LIABILITY WHICH MIGHT RESULT FROM THIS ACTIVITY.

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MYSELF/MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Parent/Guardian/Adult Applicant Signature _____

Date: _____

Applicant understands and agrees to abide with the restrictions placed on his/her camp activities as listed herein. Parent/Guardian may sign for minor, acknowledging their agreement.

Parent/Guardian/Adult Applicant Signature: _____

Date: _____

(If camper is emancipated, proof must be provided prior to camp.)