



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

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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.

Signature _____ **Date** _____

Name of Your Group/Church _____ **Dates of Event** _____