



REGISTRATION

CONSENT/ RELEASE FOR YOUNG LIFE ACTIVITY

For area use only:
Area # _____

I or my child will be participating in a Young Life activity: _____
Enter description and date of activity here

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

School _____ Present Grade _____ T-shirt Size _____

Home Contact Info _____
Parents/Guardian/Spouse Name, Number

Home Contact Address _____ Email _____

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

Deposit Enclosed \$ _____ Balance Due \$ _____

Please contact me about fundraising opportunities/camp scholarships

Any allergies or other medical needs? _____

Limits to activities _____

Name of Physician _____ Physician Phone _____

Medical Insurance Company _____ Policy Number _____

ACKNOWLEDGEMENT OF INHERENT RISK

ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT THE WEEKEND CAMP/RETREAT AT LAKE GENEVA YOUTH CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE AND LAKE GENEVA YOUTH CAMP INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM ANY AND ALL RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, 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 MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION. _____ initial

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 \$20,000 medical, \$4,000 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.

Signature _____ Date _____

Name (Please Print) _____ Relation to Child _____