



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

YL-6009

Please select your group or church name *

Which organization are you coming with *

List the same group name as above if you are not sure

Name *

MI

Last

Is the Participant under the age of 18? *

☐ Yes ☐ No

Birthdate *

Age *

Sex

Are you serving on work crew?

☐ Yes ☒ No

Spouse/First Emergency Contact *

Last

Home Address *

Address Line 1			
City	State / Province / Region	Postal / Zip Code	Country 

Business Address

Address Line 1			
City	State / Province / Region	Postal / Zip Code	Country 

Phone Number ***Business Phone Number****Any allergies or other medical needs?****Name of Physician****Physician Phone #****Physician Address**

Address Line 1		
City	State 	Zip Code

I have had a physical within the last 24 months

☐ Yes ☒ No

Medical Insurance Company

Policy Number

Address

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.

To obtain a copy of Young Life's Notice of Privacy Practices, log on to <https://www.younglife.org/privacy-policy/> or call (719) 867-3600.

I verify that I am or my child is 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 and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: 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.

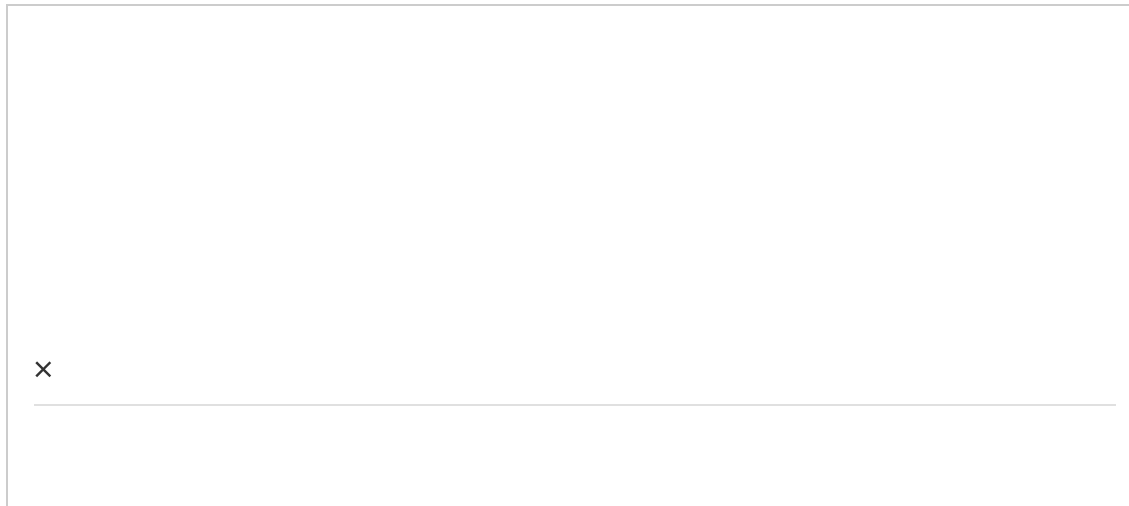
SAFETY

Young Life is committed to the safety of all participants. I understand that weapons of any kind are not permitted at any Young Life activities, camps or events.

WAIVER AND RELEASE

If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, also consent 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 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.

Signature of Participant *

A large rectangular box for the participant's signature. In the bottom-left corner, there is a small 'x' icon and a horizontal line, likely indicating where to start writing or drawing.

draw type

Date Signed *

A rectangular box for selecting the date. It contains a small calendar icon in the top-right corner.

Submit Release Agreement