

YOUTH FOR CHRIST SACRAMENTO, CAMPUS LIFE CONNECTION, et al
CONSENT AND RELEASE OF LIABILITY

1. RELEASE OF LIABILITY

I understand that the opportunity to participate in YOUTH FOR CHRIST SACRAMENTO, CAMPUS LIFE CONNECTION, et al ("YFC") activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor children.

I understand that I or my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games and events. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself and/or my child, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST SACRAMENTO, CAMPUS LIFE CONNECTION et al, including affiliated chapters, affiliates, and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any accidental physical or other personal injury, loss of personal property, illness or death caused by infectious and/or contagious diseases or sickness while at camp or other YFC activities, or during YFC travel to and from camp or other YFC activities, and any medical responses to the same, as well as any other claims arising from participation in YFC activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by myself or my child or any person made on their behalf. This Release specifically covers claims caused in whole or in part by any U.S. national health crisis, epidemic, pandemic, or similar widespread outbreak of disease whether or not such is formally declared by the U.S. government, the Center for Disease Control or the World Health Organization.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a medical consent form present in the unlikely event of an injury or condition requiring medical treatment of myself or my child. This consent and release gives YFC and its personnel the permission to take me or my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IF PARTICIPANT IS A MINOR: IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE YFC THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YFC AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YFC activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

IF OVER 18: IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, I HEREBY GIVE YFC THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY PERSON IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YFC AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

3. INDEMNIFICATION

I hereby agree to defend, indemnify and hold YFC harmless from any liability asserted by me or my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that I and/or my child/ward is physically fit and able to participate in all YFC activities.

4. MEDIA RELEASE

I hereby grant permission to YFC the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YFC.

5. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sexual misconduct; stealing; fighting; etc.) YFC, will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

6. AUTHORIZATION TO SEARCH

I understand there are items considered inappropriate or illegal to bring to camp and can be deemed as a threat to a child's or other's health and safety. Such a violation of camp rules or otherwise, include but are not limited to: weapons, including implements which might be used for purposeful (self) cutting, drugs, alcohol, and fireworks. Possession of such devices violates the camp's policies. I consent to the search of my, or my child's, personal belongings in the event that reasonable suspicion of such items are believed to be in transport to, or on camp property.

7. MEDICATION INFORMATION

Any medication brought to an YFC activity must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

THIS FORM WILL REMAIN IN EFFECT FROM JUNE 1, 2020 THROUGH AUGUST 31, 2021, UNLESS PARTICIPANT OR GUARDIAN PROVIDES A WRITTEN REQUEST TERMINATING THE AGREEMENT.

Participant Name: _____

Participant signature: _____ **Date** _____.

Parent or Legal Guardian Name: _____

Signature: _____ **Date:** _____.

Emergency Contact Phone: _____

Insurance Company: _____

Insurance Policy Number: _____

Please include/attach a list any allergies or medications.