

1. RELEASE OF LIABILITY:

I understand that the opportunity to attend CENTRAL MN YOUTH FOR CHRIST activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children. I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational and adventure activities and games (Rock climbing, mountain biking, skiing, kayaking, horseback riding, etc.). 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 and certify that I and/or my child is healthy and fit to participate. I release CENTRAL MN YOUTH FOR CHRIST including its 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 CENTRAL MN YOUTH FOR CHRIST activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or myself 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. YFC reserves the right to follow recommended CDC guidelines related to such pandemic, outbreak or disease and as such may choose at any time to send a participant home if presenting signs of sickness.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives CENTRAL MN YOUTH FOR CHRIST and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered. IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE CENTRAL MN YOUTH FOR CHRIST AND ITS REPRESENTATIVES 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 CENTRAL MN YOUTH FOR CHRIST ITS REPRESENTATIVES, 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 CENTRAL MN YOUTH FOR CHRIST 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.

I hereby agree to defend, indemnify and hold CENTRAL MN YOUTH FOR CHRIST including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all CENTRAL MN YOUTH FOR CHRIST activities.

3. MEDIA RELEASE *You may refuse release of media by checking this box*

I hereby grant permission to CENTRAL MN YOUTH FOR CHRIST 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 CENTRAL MN YOUTH FOR CHRIST. YFC also reserves the right to use and reproduce any artwork or other created work (writings, music etc) produced by my child (or me) for the purpose of promoting the future activities of CENTRAL MN YOUTH FOR CHRIST.

4. 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; sex outside of the marriage relationship; stealing; fighting; threatening or abusive speech, etc.) CENTRAL MN YOUTH FOR CHRIST will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

MEDICATION INFORMATION

Any medication brought a program/event 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.).

Participant Name: _____ **Participant Signature:** _____ **Date** _____

Parent or Legal Guardian Signature _____ **Date** _____

Central MN Youth For Christ Information Form *Revised 6/1/2020*

Date: _____ Name _____ D/O/B _____ Male ___ Female ___

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone _____

****Please note: All information must be filled out for your child to participate. The majority of our programming is funded by grants and scholarship dollars. This information is necessary so we can continue to make scholarship money available to our Youth for Christ teens. All information is kept secure and confidential.***

Is your household female-headed? Yes No Do you rent or own your place of residence? Rent Own

Total number of people in your household: _____ What ethnicity are the members of your household and how many:

White # _____ Black/African American # _____ American Indian # _____ Asian # _____ Hispanic # _____ Two or more # _____

OTHER _____ # _____

Household Income Level: 0-\$20,500 \$20,501-\$34,200 \$34,201-\$54,700 \$54,701 and up

Who to contact in case of an emergency:

Name _____ Relationship _____ Day Phone _____

Evening Phone _____ Cell Phone _____

Alternate Contact:

Name _____ Relationship _____ Day Phone _____

Evening Phone _____ Cell Phone _____

Physician's Name _____ **Phone** _____

Insurance Co. _____ **Policy Number** _____

Health History:

(check any that apply):

_____ Frequent ear infections _____
_____ Heart disease/defect _____
_____ Seizures _____
_____ Diabetes _____
_____ Bleeding/clotting disorders _____
_____ Hypertension _____
_____ Psychiatric treatment _____
_____ Asthma _____
_____ Sleep Walking _____
_____ Athlete's Foot _____
_____ Mononucleosis _____
_____ Chicken Pox _____
_____ Measles _____
_____ German Measles _____
_____ Mumps _____
_____ Other: _____

When or how often?

Immunizations (circle yes or no):

yes no DPT (series of 3)
yes no Polio Immune
yes no MMR (Measles, Mumps, Rubella)
Date of last Tetanus Booster _____

Allergies (check any that apply):

_____ Hay fever
_____ Insect stings
_____ Penicillin
_____ Aspirin
_____ Food: _____
_____ Other: _____

Please mark all YFC programs that you are involved with.

_____ Band of Brothers-H

_____ Band of Brothers-C

_____ Braid

_____ Wheels

_____ Portable Vision / Audio

_____ Hoop Time

_____ YFC Core

_____ Campus Life

_____ YFC Camp

_____ Full Circle

Fears/Anxieties: _____

Current Medications: _____ **Dosage:** _____

All medications must be in original container.

Other Health History: _____

Verification of Information:

I verify that all the information communicated about my child above is true and current. I do not hold CM YFC or their volunteers or ministry partners responsible for errors in this information.

Parent/Guardian Signature

Date

Please Turn Over 