



YOUNG LIFE OF CANADA – ROCKRIDGE CANYON
HEALTH, CONSENT AND RELEASE FORM



Guests **MUST** complete and authorize this form prior to participation in any activities at RockRidge Canyon.
Guests aged 19 years and under must have this form signed by a parent or legal guardian.

| YL AREA: | DATES AT CAMP: |
|-----------------|--|
| Last Name | Prov/State Health Care or Insur. Policy Number |
| First Name | Home Phone |
| Email Address | Office Phone |
| Spouse's Name | Birth Date (mm/dd/yy) |
| Mailing Address | Age |
| City | Male or Female |
| Province/State | Emergency Contact |
| Postal/Zip Code | Emergency Cont. Phone #(s) |

RELEASE- Read thoroughly before signing

MEDICAL TREATMENT: I hereby give permission to the qualified practitioner appointed by RockRidge Canyon (RRC) to provide medical treatment within their scope of practice. I also agree to be transported to a local hospital in a medical emergency in the event that I am not able to give verbal consent.

HEALTH COVERAGE: I agree to provide RockRidge Canyon (RRC) with evidence of current medical coverage under BC Medical or equivalent. I understand that I may be billed for medical expenses not covered by my Provincial Health Plan, my extended medical coverage, or my personal insurance plan. If they do not completely cover my medical expenses, Young Life's accidental coverage will pay for additional expenses up to a limit of \$5,000.00 for dental and \$25,000.00 for other injuries.

LIABILITY: I understand that RRC has undertaken to ensure the property and recreational activities are as safe as possible. By my participation in activities, I understand that there are inherent risks based on my involvement and I choose to accept any risk of personal injury. I also understand that RRC cannot guarantee a food-allergy-free environment but will do its best to mitigate direct exposure to food related allergies. I hereby release RRC for any illness or injury which may occur as a result of exposure to any allergens.

By signing below, I am releasing the Directors, Officers, Employees of RockRidge Canyon, Young Life of Canada and any or all of their affiliates from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of RRC including any programs or otherwise.

This release constitutes a waiver of legal rights and by signing below, you are also verifying that you have read carefully and understand the contents of this waiver and release. The parents/guardians submitting this form on behalf of a minor are those having legal custody of the minor. If a custodial order is in place, this will be fully communicated to RRC including a photocopy of the section of any court order referring to visitation rights. This release is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

JURISDICTION: I understand that any and all actions that may arise from this agreement or the use of RRC will be governed by the laws of British Columbia, Canada and I consent to the exclusive jurisdiction of the courts in British Columbia, Canada.

BEHAVIOUR AND DISMISSAL: The Director or designate reserves the right to dismiss a guest without refund who, in his/her opinion, is a hazard to the safety rights of others or who appears to have rejected the reasonable controls of the property. I certify that I have no knowledge of any physical or mental impairment that would be affected by participation in the RRC program. I hereby give permission to the Director or designate of RRC to search belongings or personal affects for prohibited items if suspected. I agree to reimburse RRC for any intentional damage or defacement of property.

LOST ITEMS: RRC is not responsible for personal items that are lost, stolen or damaged.

PROMOTIONAL PHOTOS: I give permission to RRC or its designate to take and use photos, videos or any other recording of me or my named minor for use in promotional materials or camp videos.

→ **Signature** _____

Date _____

Name of Parent or Guardian _____

→ **Signature** _____

Required for children under the age of 19

| | |
|------------|--------------------|
| Last Name | YL Area / Location |
| First Name | Trip Coordinator |

HEALTH CARE INFORMATION FOR MEDICAL STAFF ONLY

This section is to be completed by a parent or guardian for guests under the age of 19. It is the responsibility of the guest, parent, or guardian to notify RockRidge Canyon, in writing, if any new medical issues or conditions arise prior to arrival (e.g. exposure to a communicable disease, etc.)

| | |
|--------------------------|--------------|
| Name of Family Physician | Office Phone |
|--------------------------|--------------|

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| Foreign Medical Insurance Co or Extended Health Plan |
| Address of Insurance Co. |
| Phone |

List all known allergies or medical dietary restrictions (give details and treatment, if applicable)

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Check all immunizations that are up-to-date (place an x in front of description if the answer is yes)

DPT (Diphtheria/Pertussis/Tetanus)
 Polio
 MMR (Measles/Mumps/Rubella)

Check any medical conditions (ones you have experienced or are experiencing at this time and give details)

Asthma
 Diabetes
 Headaches
 Nosebleeds
 Heart Condition
 Fainting
 Infections
 Seizures
 Recent Operations or Injury

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Recommendations and Restrictions while at Camp

Treatments to be continued while on property:

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Activities to be limited:

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Additional information that the doctor or property should be aware of:

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YOUTH FOR CHRIST/USA, INC. – PARENTAL CONSENT AND RELEASE OF LIABILITY

1. RELEASE OF LIABILITY

I understand that the opportunity to attend YOUTH FOR CHRIST/USA, INC. 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 activities and games. 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 my child and me, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters 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 physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

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 YOUTH FOR CHRIST/USA, INC. 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 YOUTH FOR CHRIST/USA, INC. 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 YOUTH FOR CHRIST/USA, INC., 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 YOUTH FOR CHRIST/USA, INC. 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 YOUTH FOR CHRIST/USA, INC., 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 YOUTH FOR CHRIST/USA, INC. activities.

3. MEDIA RELEASE

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. 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 YOUTH FOR CHRIST/USA, INC.

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; etc.) YOUTH FOR CHRIST/USA, INC. 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 to camp must be accompanied by written instructions from a physician/parent. All prescriptions must be brought to camp 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** _____