



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

1. RELEASE OF LIABILITY

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., 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 my child or I 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 and certify that I and/or my child is healthy and fit to participate. I release YOUTH FOR CHRIST/USA, INC., 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 YOUTH FOR CHRIST/USA, INC. et al 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 medical consent form present in the unlikely event of an injury or condition requiring medical treatment of me or my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. 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 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.

IF OVER 18: IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, 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 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 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.

3. INDEMNIFICATION

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 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 YOUTH FOR CHRIST/USA, INC. activities.

4. 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.

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; 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.

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.).

8. EQUINE ACTIVITIES

If I or my child is attending a YFC program or event that provides horse riding and related equine activities, I understand that horse riding involves certain inherent risks including the propensity of the animal to behave in unexpected ways that can cause harm to persons; the unpredictability of the horse to react to things like sounds, sudden movements and unfamiliar objects, persons and other animals; certain surfaces; collisions with other animals or objects; and the potential of me or my child and others to act in a negligent manner and failing to maintain control over the horses. Therefore, I execute this release and waiver and I represent that I and/or my child has the ability to engage safely in horse riding activities. NOTE: In Colorado and other states, under law an equine professional and equine activity sponsors are not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. (See Section 13-21-119, Colorado Revised Statutes).

Participant Name: _____

Participant Signature: _____ **Date** _____

Parent or Legal Guardian Signature (if under 18)

Date _____