



WINDY GAP MEDICAL FORM

GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE PROPERTY

NOTE TO GUEST: Young Life wants your experience at the Young Life property to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name: _____

Birth date: _____ Last, _____ Age: _____ First _____ Sex: _____ SSN: _____ MI _____

Spouse/First Emergency Contact: _____

_____ Last, _____ First _____ MI _____

Home Address: _____

_____ Number/ Street _____ City, _____ State _____ Zip _____

Business Address: _____

_____ Number/Street _____ City, _____ State _____ Zip _____

Phone Numbers: Home: _____ Business: _____

Second Emergency Contact: _____

_____ Last, _____ First _____ MI _____

Home Address: _____

_____ Number/Street _____ City, _____ State _____ Zip _____

Business Address: _____

_____ Number/Street _____ City, _____ State _____ Zip _____

Phone numbers: Home: _____ Business: _____

Name of Physician: _____

_____ Last, _____ First _____ MI _____ Phone number _____

Address: _____

_____ Number/Street _____ City, _____ State _____ Zip _____

Medical Insurance Company: _____ Policy number: _____

Address: _____

_____ Number/Street _____ City, _____ State _____ Zip _____

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 of 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.

I verify that I am 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. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

Signature: _____ Date: _____