

Youth America 2010 Medical Release Form

I am attending as:

Jr. High High School College Age Leader Youth Pastor Senior Pastor

If High School, what is your expected graduation date? _____

Name: _____ Birthday: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Parent's Name: _____

Parent's Work Phone: (____) _____ Emergency Phone: (____) _____

Student Cell: _____ E-mail: _____

Graduation Date: _____ Are you coming with a church youth group? _____ Yes _____ No

Church Name: _____

Youth Pastor/Leader: _____ Sr. Pastor: _____

Church Address: _____

Church Phone: (____) _____ Church Fax: (____) _____

Medical Information and Liability Release Form *(write on back if needed)*

- 1) List any diseases, physical or mental limitations _____
- 2) Medications Currently Taking and Purpose _____
- 3) Allergies (Food, Medical, Insects, Etc.) _____
- 4) Restricted Activities _____
- 5) Family Physician _____ Physician's Phone _____
- 6) Family Medical Insurance Carrier _____ Policy Number _____

In consideration for being accepted by _____ (parent or guardian) for participation in Youth America's Summer Camp. We (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Church of the Harvest of America Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participation in above described trip or activity. Furthermore we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, and assume the responsibility of all medical bills. Further, should it be necessary for participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. Refunds: All Deposits are non-transferable and non-refundable. All balance refunds must be requested in writing three weeks prior to your arrival, or a refund will not be given.

This registration is confirmation that you have read and accept this policy. This form must be completely filled out to qualify for acceptance onto the Youth America campus.

Signature of Parent/Guardian/Adult Camper _____ Date: _____