

DAILY AUDIO BIBLE WOMEN'S CONFERENCE LIABILITY WAIVER AND PERMISSION

PARTICIPANTS NAME: _____ Birth Date _____
HOME ADDRESS: _____
HOME TELEPHONE: _____ CELL PHONE: _____
E-MAIL: _____

EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

ALTERNATE EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

Nature of this event: By registering for Daily Audio Bible Women's Conference I acknowledge my full and complete agreement to this waiver, I understand that the nature of this conference is both social and spiritual in nature and is open to anyone.

Nature of Risks: I understand that voluntarily traveling to and attending this retreat may involve certain risks beyond the reasonable control of its staff, director, volunteers and agents including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of any retreat facilities.

Waiver of Liability/Hold Harmless: By registering for this event I accept in full this liability waiver. I agree on behalf of myself that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Daily Audio Bible, it's staff or the staff leading Daily Audio Bible Women's Conference with respect to any and all actions, claims or demands arising out of or in connection with travel to or attendance at the conference, or any other activity I may engage in while in transport or present at the conference. Further, for any injury to third parties that may arise because of my actions or omissions, I agree to hold harmless and defend Daily Audio Bible, it's staff or the staff leading Daily Audio Bible Women's Conference.

Medical Permissions (Limited): As a condition attending the various events, I grant permission in the event of an emergency or accident for emergency medical care to be administered within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that in the event of an emergency every effort will be made but it is not the responsibility of Daily Audio Bible, it's staff or the staff leading Daily Audio Bible Women's Conference to reach my emergency contacts and that I remain responsible for my medical expenses.

If you have health insurance please provide this information below

Policy in the name of: _____
Insurance Company Name/Policy Number: _____

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly. I have had opportunity to consult a legal professional had I desired before signing this waiver.

Signature of Participant _____ Date _____



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps 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 Last First Middle Initial

Birthdate Age Sex

Spouse/First Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Second Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Any allergies or other medical needs?

Name of Physician Last First Middle Initial Phone Number

Address Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company Policy Number

Address Street and Number City State/Province Zip/Postal

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 or 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.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950).

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. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. 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.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature Date

Name of Your Group/Church Dates of Event