



# WEEKEND CAMPS, DAY TRIPS & SPORT EVENTS INFORMED CONSENT AND HEALTH INFORMATION

Guests **MUST complete all spaces and sign this form** prior to participation in any Young Life activities.  
Guests who are minors under Provincial law must have this form signed by a parent or legal guardian.

## YL AREA:

## EVENT DATES:

Last Name	Prov/State Health Care or Insur. Policy No.	
First Name	Home Ph.	Office Ph:
Email	Birth Date (mm/dd/yy)	Male or Female
Mailing Address	Emergency Contact	Contact Phone No.
City	Doctor	Doctor Phone No.
Province/State	Chronic Medical Condition(s)	
Postal/Zip Code	Daily Medication or Treatment Needed	
Camper Spouse	Allergies	

## CONSENT- Read thoroughly before signing

**MEDICAL TREATMENT:** I hereby give permission to the qualified practitioner appointed by Young Life of Canada 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 Young Life of Canada with evidence of my current Provincial medical coverage or equivalent. I understand I may be billed for medical expenses not covered by my Provincial Health Plan, my extended medical coverage, or my personal insurance plan. If these plans do not completely cover my medical expenses, Young Life's accident insurance coverages may pay additional specified amounts.

**LIABILITY:** I understand Young Life has undertaken to ensure the travel and recreational activities are as safe as possible. By my participation in activities, I understand there are inherent risks based on my involvement and I choose to accept any risk of personal injury. I also understand Young Life cannot guarantee a viral/bacterial-free or food-allergy-free environment. I am hereby informed that possible illness or injury may result due to exposure to allergens.

By signing below, I accept that I am giving informed consent and understand that there are inherent risks in any and all aspects of participation. I save and hold harmless the Directors, Officers, Volunteers, Employees of 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 travel and activities during the event and all use of Young Life of Canada equipment or facilities including any programs, travel, activities or otherwise.

By signing below, you are verifying you have carefully read and understand the contents of this informed consent and health form. 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 Young Life of Canada including a photocopy of the section of any court order referring to visitation rights. This consent is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Parental signature required for minor children.