



# 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  
Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_  
Last First Middle Initial

Home \_\_\_\_\_  
Street and Number City State/Province Zip/Postal  
Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Any allergies or other medical needs? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Last First Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months

Medical Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Website \_\_\_\_\_

**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 grossly 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](http://www.younglife.org) or call (719) 867-3600.

I verify that I am or my child is 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 and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: Malibu Club/Beyond Malibu: I agree that any complaint, demand, dispute, claim involving bodily injury including death and/or personal injury or cause of action arising out of or in any way related to Young Life's Malibu Club or Beyond Malibu, including any activity, event, medical treatment, and/or transportation will be governed by the laws and jurisdiction of the Canadian Province where the event or incident occurred.

**COVID-19:** I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if Young Life has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 or other infectious or contagious illnesses or diseases while participating in activities and events at the Young Life property/camp, or traveling to and from, Young Life's camp property and I release Young Life in the event of such an occurrence.

The Center for Disease Control (CDC) has identified that certain individuals are at Higher Risk for Severe Illness if they become ill with COVID-19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High-Risk criteria, you have determined if you want to participate in this event or if you want your child to participate in this event.

### WAIVER AND RELEASE

If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, also consent 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 \_\_\_\_\_

## More Information About the Kitchen Work Crew

The Timber Wolf Lake Staff are looking forward to hosting us for our State Church of God Youth Winter Retreat. Here is some additional information to share for the volunteers in the work Crew:

### Who is Work Crew?

Work Crew serve as volunteers who work directly with the Timber Wolf Lake Food Service Staff as servers in the dining hall, assistant cooks in the kitchen or dishwashers. They will also be disinfecting tables and other surfaces in the dining hall. The camp may add other tasks as needed that will allow Timberwolf to better serve our students and others. Work Crew provides a unique opportunity to serve campers and leaders during their time at Timber Work Lake.

### A Few Reminders:

- The Crew stays free of charge; meals and housing are provided. Bedding and towels for the Kitchen Crew are provided.
- The Crew must be High School aged or older

### Work Crew Responsibilities:

- Upon Friday evening arrival, the Crew will meet with the Food Service Staff and be trained for the weekend. This will take a minimum of 2 hours.
- Wait staff will serve for a minimum of 3 1/2 hours per meal served in the dining hall. They will be responsible for setting tables, serving the meal to guests and cleaning after the meal.
- Assistant cooks will be assigned AM and PM shifts depending on the meals being served for the event. They will assist the Food Service team in preparing food throughout the retreat.
- Dishwashers will serve a minimum of 3 1/2 hours per meal. They will be responsible for cleaning dishes throughout the retreat.
- Crew workers are expected to stay the entire retreat and may be required to work beyond hours listed above based on the needs of the guest group.
- The Work Crew Boss for the retreat will work directly with the Food Service Team to coordinate the Crew.
- On departure day- the crew is required to assist the Food Service Team in cleaning the kitchen and dining hall areas. Adequate time should be allotted in order to complete these tasks before departure.

Work Crew folks should not attend the retreat as regular campers; their responsibilities in the dining hall will require the majority of their time. **Please do not plan on Work Crew serving in other capacities throughout the weekend.** It may be possible that individuals will still have time to attend a service or see some of the activities of the retreat, but don't plan on it.