



# SUNSTREAM – HEALTH, CONSENT AND RELEASE FORM

YOUTH FOR CHRIST/USA, INC. wants the camp experience 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 of Your Chapter/Group** \_\_\_\_\_ **Week of Camp:** \_\_\_\_\_

**Camper Name** \_\_\_\_\_  
Last First Middle Initial

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

**Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Primary Emergency Contact** \_\_\_\_\_  
Last First Middle Initial

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

**Phone Number: Home** \_\_\_\_\_ **Employment** \_\_\_\_\_

**Secondary Emergency Contact** \_\_\_\_\_  
Last First Middle Initial

**Phone Number: Home** \_\_\_\_\_ **Employment** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Last First Middle Initial

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

I have had a physical within the last 24 months.

**Medical Insurance Company** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

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

**Non-Prescription Medications:** *The following non-prescription medications are commonly stocked in the camp medical team station and are used on an **as needed basis** to manage illness and injury. Please indicate below which medications your camper may **NOT** receive. These non-prescription medications will be administered by YFC Camp Medical Team staff according to manufacturer's labeled dosages unless a written statement (prescription) from camper's health-care provider authorizes a different dosage.*

**Cross out medications a camper should NOT have:**

<input type="checkbox"/> Acetaminophen (i.e. Tylenol)	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Aloe Vera Gel	<input type="checkbox"/> Hydrocortisone 1%//Anti-Itch Cream (i.e. Benadryl cream)
<input type="checkbox"/> Antacid (i.e. Tums)	<input type="checkbox"/> Ibuprofen (i.e. Advil)
<input type="checkbox"/> Antiseptic Wipes (Benzalkonium Chloride)	<input type="checkbox"/> Loperamide HCl (i.e. Imodium AD)
<input type="checkbox"/> Bacitracin/Triple Antibiotic Ointment	<input type="checkbox"/> Loratadine (i.e. Claritin)
<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Menstrual relief (i.e. Midol)
<input type="checkbox"/> Diphenhydramine oral tablet (i.e. Benadryl)	<input type="checkbox"/> Sunscreen Lotion
	<input type="checkbox"/> Vosol Ear Drop (i.e. Swim Ear)

**Allergies:**  
*Check those that apply and specify nature of allergic reaction:*

None    Animals    Environmental    Medication    Food    Insects    Latex    Other

Specify: \_\_\_\_\_

**Medication Administration Instructions:**

*Please use this space to describe all details of dosing and administering of the prescription, non-prescription medications, nutritional supplements your child is bringing with them to camp, as well as any drug interactions that you are aware of with your child's prescriptions. This helps ensure accuracy.*

MEDICATION	TIME OF DAY	WITH FOOD?	THINGS TO CONSIDER?

**What have we forgotten to ask?**

*Please provide in the space below any additional information about your camper's health that you think important or that may affect your camper's ability to participate in the camp program.*

**Sunstream Camp Minor Liability Waiver**

I, \_\_\_\_\_, as the parent or legal guardian of my child, \_\_\_\_\_, hereby give  
Printed name of parent/guardian Printed name of child  
 consent for my child to attend and participate in all activities provided by SUNSTREAM RETREAT CENTER. I give permission for SUNSTREAM RETREAT CENTER to use photos of my child for marketing and promotional purposes without further consent or compensation. I, hereby, voluntarily and absolutely release, discharge, waive, and relinquish SUNSTREAM RETREAT CENTER and its officers, agents, servants, or employees from any and all liability for personal injury or property damage occurring to \_\_\_\_\_ as a result of he/she observing or using facilities or equipment of SUNSTREAM RETREAT  
Printed name of child  
 CENTER, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY. *The undersigned parent/guardian represent that he/she has read this release, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability.*

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



# YOUTH FOR CHRIST/USA, INC. – PARENTAL CONSENT AND RELEASE OF LIABILITY

## **1. RELEASE OF LIABILITY**

I understand that the opportunity to attend YOUTH FOR CHRIST/USA, INC. (“YFC”) activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

## **2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR CHRIST/USA, INC. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all YOUTH FOR CHRIST/USA, INC. activities.

## **3. MEDIA RELEASE**

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

## **4. BEHAVIORAL AGREEMENT**

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

## **5. MEDICATION INFORMATION**

Any medication brought to a YFC activity must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

## **6. EQUINE ACTIVITIES**

If my child is attending a YFC program or event that provides horse riding and related equine activities, I understand that horse riding involves certain inherent risks including the propensity of the animal to behave in unexpected ways that can cause harm to persons; the unpredictability of the horse to react to things like sounds, sudden movements and unfamiliar objects, persons and other animals; certain surfaces; collisions with other animals or objects; and the potential of my child and others to act in a negligent manner and failing to maintain control over the horses. Therefore, I execute this release and waiver and I represent that my child has the ability to engage safely in horse riding activities. NOTE: In Colorado and other states, under law an equine professional and equine activity sponsors are not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. (See Section 13-21-119, Colorado Revised Statutes).

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_