



**BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED**

**Parental Consent and Release of Liability**

For: Campus Life FIT – Speed and Strength Camp Date: June 17–19 2019  
(name of event/trip) (inclusive date of event)

Affiliated with: Youth For Christ Central Michigan Phone: (989) 463-4274  
(name of chapter) (phone # of chapter)

City: Alma State: MI  
(location of chapter)

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 activities, I hereby consent to the foregoing on behalf of my child/ward, heirs, legal representatives and assigns. I shall defend, indemnify and hold Youth for Christ, including its directors, volunteers, employees 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 activities.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

If parents are not available, you may call the relative or friend below in an emergency:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Comments regarding my child's medical history, allergies, penicillin or drug reactions, etc., which may be needed in the case of any emergency treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance coverage for your child? (circle one) Yes No

If Yes: Health Insurance Company:

Policy Number:

**NOTE: Your insurance company would be primary.**

Participant's Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_



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**Release of Liability and Consent Form**

**Please Print**

For: \_\_\_\_\_ Date: June 17-19 2019  
(name of event/trip) (inclusive date of event)

Affiliated with: Youth For Christ Central Michigan Phone: (989) 463-4274  
(name of chapter) (phone # of chapter)  
City: Alma State: MI  
(location of chapter)

Name of Person in Charge of Event: Youth For Christ Staff/Volunteer

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address of Participant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ T-shirt size (adult): S M L XL \_\_\_\_\_

**Release of Liability**

I understand that participating in Youth for Christ activities is a privilege. In consideration of this privilege, I release Youth for Christ, including its directors, volunteers, employees and agents from any physical injury including death or illness while participating at a Youth for Christ activity, including Youth for Christ sponsored travel to and from this activity.

I understand that my child and/or I may participate in any number of activities, some of which include but are not limited to, recreational activities and games. I understand that there are certain risks associated with any activity, I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 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 Youth for Christ harmless from any claim asserted by me against Youth for Christ, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

**Consent**

I hereby grant permission to Youth for Christ the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Youth for Christ.

I have read and understand **both sides** of this agreement.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Participant (Circle one): Parent / Guardian

Signature of minor participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is emancipated, proof must be provided prior to activity)

#####**SEE OTHER SIDE**