*Guests* ***MUST******complete all spaces*** *and* ***sign this form*** *prior to participation in Young Life activities.*

*Guests who are minors in their province of residence must have this form signed by a parent or legal guardian.*

*IF COMPLETING THIS ONLINE, PLEASE USE YOUR TAB KEY TO NAVIGATE BETWEEN FIELDS, OR CLICK IN A FIELD.*

|  |  |  |  |
| --- | --- | --- | --- |
| **YL Area:** |       | **Event:** |       |
| **Event Location:** |       |
| **Date(s) or Date Range:** |       |
| **Last Name:** |       | **First Name:** |       | **Gender:** |       |
| **Address:** |       | **City/Prov:** |       | **Postal Code:** |       |
| **Guest Email:**  |       | **Guest Cell:** |       | **Date of Birth:** |       |
| **Emergency Contact Name:** |       | **Emergency Contact Cell:** |       | **Relationship to Guest:** |       |
| **Doctor’s Name:** |       | **Doctor’s Phone:** |       | **Provincial Health #:** |       |
| **Does the guest have any allergies?** |       | **If yes, is the allergy life-threatening?** |       |
| **Please list any non-dietary allergies:** |       | **Please list any dietary preferences or dietary allergies:** |       |
| **Does the guest have any medical conditions that could limit participation in this YL event?** |       | **If yes, please list and provide any relevant health information:** |       |
| **Does the guest have any medication they are always required to carry with them ?** |       | **If yes, please list the medication and any relevant health information:** |       |

**TRANSPORTATION:** Please check one and initial:

**[ ]** I or someone from our family’s “self-isolation bubble” will transport my teen to and from the event. **INITIAL:** \_\_\_\_\_\_

**[ ]** I provide consent for a Young Life staff person or volunteer to transport my teen knowing the following precautions have been taken:
**INITIAL:** \_\_\_\_\_\_

* All vehicle occupants shall wash or sanitize their hands before entering the vehicle.
* All vehicle occupants shall wear masks for the full duration of the journey.
* The vehicle shall be sanitized before and after travel.
* A bench seat shall only have two occupants; the middle seat shall be left vacant. The passenger seat beside the driver may be occupied.
* Anyone driving teenagers for the purpose of Young Life of Canada has been screened and has provided a clean driver’s abstract and a clean criminal record check to the local Young Life area.

**COVID-19 SCREENING:**  Please circle to indicate your response to each question and initial each.

1. Has the individual named on this form (“the individual”) traveled outside Canada in the previous 14 days? **Yes / No INITIAL** \_\_\_\_\_\_\_
2. Has the individual had contact with anyone who has tested COVID-19 positive in the previous 14 days? **Yes / No INITIAL** \_\_\_\_\_\_\_
3. Does the individual have any symptoms\* of COVID-19? **Yes / No INITIAL** \_\_\_\_\_\_\_
*\* Symptoms could include, but are not limited to fever, sore throat, coughing, aches, respiratory problems, fatigue, diarrhea, loss of taste or smell, chest pain, rash on skin, discoloration of fingers or toes, headache.*

If any of these responses change before the event or during the period covered by this form, I am aware of my responsibility to inform Young Life of Canada. **INITIAL** \_\_\_\_\_\_\_

**INFORMED CONSENT:** Please read thoroughly, initial each section, and sign the form where indicated.

**COVID-19:**COVID-19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious.  While Young Life of Canada has implemented protocols to keep everyone safe, we cannot guarantee that your child will not become infected.  I will not hold Young Life of Canada liable for any COVID-19 infection that may occur before, during, or after participation in this Young Life of Canada camp or event.
**INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO ATTEND**: I hereby attest that I am the custodial parent / legal guardian of the individual described on this form. I hereby give consent for this individual to attend the Young Life of Canada camp or event described above and to participate in any and all activities except as already described on the previous page. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**MEDICAL TREATMENT:** I hereby give permission to the medical personnel appointed by Young Life of Canada to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the individual named on this form. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel appointed by Young Life of Canada to secure and administer treatment, including hospitalization, for the individual named on this form. This completed form may be photocopied for Young Life of Canada sponsored travel to and from the camp or event. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**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 insurance will pay for additional expenses up to a limit of $4,000.00 USD for dental and $20,000.00 USD for other injuries from Young Life sponsored activities. Young Life's insurance does not cover guest illnesses. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF INHERENT RISK:** I acknowledge and understand there are inherent risks associated with many camp or event activities, such as broken or fractured bones, concussion, cuts and scrapes, drowning, etc. I will assume the risk associated therewith, whether known or unknown to me at this time. I understand Young Life of Canada has undertaken to ensure the property and recreational activities are as safe as possible. I also understand Young Life of Canada cannot guarantee a food-allergy-free environment. I am hereby informed that possible illness or injury may result due to exposure to allergens. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**LIABILITY:** I understand Young Life of Canada 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 of Canada 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. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**GOVERNING LAW AND JURISDICTION:** I agree that this agreement will be governed by the laws of the province in which the camp or event occurs. I also agree that any and all actions or claims that may arise from or relate to this agreement or attendance at the Young Life of Canada camp or event described on this form must be brought in the courts of the province in which the camp or event occurs, and I consent to the exclusive jurisdiction of the courts in that province. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOUR AND DISMISSAL:** The Event Coordinator or designate reserves the right to dismiss a guest without refund who, in his / her opinion, is a hazard to the safety rights of others or who appears to have rejected the reasonable controls of the camp or event. I certify I have no knowledge of any physical or mental impairment that would be affected by participation in the Young Life of Canada program. I hereby give permission to the Event Coordinator or designate to search belongings or personal effects for prohibited items if suspected. I agree to reimburse Young Life of Canada for damage or defacement of property attributable to activity at camp or event by the individual named on this form. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**LOST ITEMS:** Young Life of Canada is not responsible for personal items which are lost, stolen or damaged. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_

**PROMOTIONAL PHOTOS:** I give permission to Young Life of Canada or its designate to take and use photos, videos or any other recording of the individual named on this form for use in promotional materials or event videos. **INITIAL** \_\_\_\_\_\_\_\_\_\_\_ (This section only is optional. If you do not grant this permission, the guest may still participate.)

**INFORMED CONSENT:** By signing below, I am verifying I have carefully read and understand the contents of this form.

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 camp or 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 Information form. The parent / guardian 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.

**Name (please print):**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      \_\_\_\_\_\_

**NOTE: Parent/Guardian signature required for guests who are minors in their province of residence.**

*Young Life of Canada is collecting this personal information in accordance with British Columbia's Personal Information Protection Act for the purpose of hosting the individual named on the form safely at a Young Life of Canada camp or event. In signing this form, you are consenting to Young Life of Canada sharing the personal information contained on this form with third-party health care personnel (e.g., physicians, hospitals, ambulance personnel, etc.) for the purpose of providing medical care to the individual named on the form, in the event they become ill or are injured while at camp or during Young Life of Canada sponsored travel to and from camp or event.*