Southern California Young People

Release of Liability & Medical Consent Form
Local Conferences

Adult Form

In order to comply with state laws, we ask for the following Release of liability and medical consent form to be completed and signed by each person over the age of 18 attending Southern California Young People (SCYP) conferences and activities. Please be aware that SCYP do NOT provide medical or hospital insurance coverage.

First Name_____ Last Name_____

DOB_____ Gender_____ Mobile Phone_____

Email_____ Locality_____

Adult Emergency/Medical Information

Are you covered by medical/hospital insurance? Yes • No •

Insurance/Care Provider_____ Group/Medical #_____

Physician_____ Phone_____

Emergency Contact (other than parent) _____

Relationship to participant_____ Mobile Phone_____

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Allergies, Conditions, Medications, Special Needs

_____

_____

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities

_____

_____

By signing this form, I give my informed consent to the First Aid personnel assigned by SCYP who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized treatment procedures, which include the use of over-the-counter medications. I understand it is my responsibility to make arrangements for a participant with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Southern California Young People to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by SCYP to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by manufacturer for my young person: analgesics, decongestants, antihistamines, cough suppressants and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleaners, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of_____. I understand that these are stocked by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my young person.

I authorize SCYP to allow myself to participate in any and all activities that may include but are not limited to the those outlined in the conference or event schedule and/or website. As a condition of receiving this benefit, I do hereby agree to the following: I understand my participation in these activities can expose myself to dangers both known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Southern California Young People, The church in Anaheim, the local church in which I am a member, and any of the other affiliated local churches or church-affiliated organizations, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the “Release Parties”) from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively “Losses”), arising from or in connection with my young person’s participation in SCYP conferences, events and activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the “Released Claims”). The Released Claims include Losses arising out of any condition of the premises at which the conference, event or activity are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ **Date** _____