



# SNOW SKIING/BOARDING PARTICIPANT ENROLLMENT FORM

Mission Unit \_\_\_\_\_

## Medical Coverage

Each person attending a Young Life downhill snow skiing/boarding activity, whether a youth or an adult volunteer, is required to have health coverage during the activity. Select one of the three following options by placing an "X" before the option you elect.

- Option No. 1.** I decline Young Life accident coverage because I represent and warrant to Young Life that I will have personal health care coverage during the activity. Furthermore, I will be responsible for any injury I may sustain during this activity. I will defend, indemnify and hold Young Life, including its trustees, employees and volunteers, harmless for any injury I may sustain, including my death. **Young Life strongly recommends that helmets be worn by all participants.**
- Option No. 2.** I wish to purchase supplemental accident coverage through Young Life for a maximum benefit of \$20,000, and promise to pay \$5.00 per activity day. I understand this supplemental coverage is secondary to my personal or group health care coverage, which I represent and warrant to Young Life, will be in force during the activity. **Participants will be required to wear a helmet.**
- Option No. 3.** I wish to purchase accident coverage through Young Life for a maximum benefit of \$20,000, and promise to pay \$15.00 per activity day. I represent and warrant to Young Life that I do not have any personal or group health care coverage. **Participants will be required to wear a helmet.**

You must select one of the above options. Each participant must be covered for accidents through Young Life or by his or her personal or group health care plan.

Signature of parent or guardian of minor participant or signature of adult participant \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following:

- 1. Participant: \_\_\_\_\_  Downhill Snow Skiing  Snowboarding
- 2. Location of snow sports activity: \_\_\_\_\_
- 3. Date(s) of snow sports activity: From: \_\_\_\_\_ To: \_\_\_\_\_ No. of days: \_\_\_\_\_
- 4. Name of your parent's or your insurance company: \_\_\_\_\_
- Address: \_\_\_\_\_
- Policy No.: \_\_\_\_\_ Group: \_\_\_\_\_

**I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH SNOW SKIING/BOARDING. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH, ILLNESS, LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.** \_\_\_\_\_

Initials of parent, guardian or adult camper/staff

## Medical Information Release

If my child, or I as an adult participant, become(s) injured or ill during the activity, including traveling with a Young Life group, to and from the activity, I hereby authorize Young Life to secure, at my expense, medical treatment, including surgery, for my child or me if I should be unconscious.

I hereby authorize all health care providers to release all medical information regarding my child or me, if I am an adult participant, to my personal or group insurance company and to Young Life. I hereby certify under penalty of perjury that the above and foregoing is true and correct.

### Allergies

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Ivy Poisoning, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State and ZIP

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

I hereby grant permission to Young Life 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 Young Life. \_\_\_\_\_ (signature)

SELECT ONE

COMPLETE

MUST COMPLETE TO ATTEND