

\*This form must be signed and submitted together with the Consent and Release of Liability form.

\*Prairie River Camp is owned and operated by South Central MN Youth for Christ, Inc.

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Camper's Email \_\_\_\_\_ Camper's Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

Parent / Legal Guardian Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell / Home / Work

Parent's Email \_\_\_\_\_

Camper's Church and /or YFC area \_\_\_\_\_

Winter Camp you would like to attend (check one):

High School Camp (grades 9-12)       Middle School Camp (grades 6-8)  
February 12<sup>th</sup> – 14<sup>th</sup>, 2021 Cost \$105\*      February 26<sup>th</sup> - 28th 2021 Cost \$105\*

\*scholarships available – please contact your youth leader, YFC leader, or peter@prairierivercamp.org

Are you attending with a YFC group YES / NO?

If Yes, please give the registration, consent, and medical forms to your YFC leader

Are you attending with a youth Group YES / NO?

If Yes, please give the registration, consent, and medical forms to your Youth Group leader

If you are not attending with a youth group or YFC group, please mail this form in with a check or register online at prairierivercamp.org

**CABIN MATE REQUESTS** \_\_\_\_\_ (name & phone #)

**EMERGENCY CONTACT & INSURANCE INFORMATION**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Relation \_\_\_\_\_  
Policy Number \_\_\_\_\_ GRP \_\_\_\_\_

# Prairie River Camp

## Medical Form and Health History

\*Prairie River Camp is owned and operated by South Central MN Youth for Christ, Inc.

**Allergies:**  No known allergies.  This camper is allergic to  Food  Medicine  The environment  
(insect stings, hay fever, etc.)  Other

*(Please describe below what the camper is allergic to and the possible reactions.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper eats a regular vegan diet.  This camper is lactose intolerant.  This camper is gluten intolerant.  Other, ***please explain in space.***

**Restrictions:**  I have reviewed the program and activities of the camp and the camper may participate without restrictions.  
 I have reviewed the program and activities of the camp and the camper may participate with the following restrictions or adaptations.

***(Please describe below.)***

**Medication:**  This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about the required packaging/containers. Please use original pharmacy containers with labels that show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as-needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- |                                         |                                        |
|-----------------------------------------|----------------------------------------|
| Acetaminophen (Tylenol)                 | Ibuprofen (Advil, Motrin)              |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine          | Cough syrup (Robitussin)               |
| Diphenhydramine (Benadryl)              | Sore throat spray                      |
| Generic cough drops                     | Antibiotic cream                       |
| Pepto-Bismol for diarrhea               | Aloe                                   |

**Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

1. Been hospitalized in the past three months.....  Yes  No
2. Smoke? .....  Yes  No
3. Have recurrent/chronic illnesses? .....  Yes  No
4. Had a recent infectious disease? .....  Yes  No
5. Had a recent injury? .....  Yes  No
6. Had asthma/wheezing/shortness of breath?.....  Yes  No
7. Had seizures? .....  Yes  No
8. Have High Blood Pressure? .....  Yes  No
9. Wear glasses, contacts, or protective eyewear?.....  Yes  No
10. Had fainting or dizziness?.....  Yes  No
11. Passed out/had chest pain during exercise?.....  Yes  No
12. Had mononucleosis ("mono") during the past six months?.....  Yes  No
13. If female, have problems with periods/menstruation?.....  Yes  No
14. Have problems with falling asleep/sleepwalking?.....  Yes  No
15. Ever had back/joint issues?.....  Yes  No
16. Have diabetes? .....  Yes  No
17. Currently pregnant?.....  Yes  No
18. Have problems with diarrhea/constipation?.....  Yes  No
19. Have any skin problems?.....  Yes  No
20. Traveled outside the country in the past nine months?.....  Yes  No

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel. (Use back side for additional space.)

**Parent/Guardian Authorization for Health Care:**

The foregoing information is correct and accurately reflects the Camper's health status. The person described has permission to participate in all camp activities except as noted above. I give the camp physician permission to order x-rays, routine tests, and treatment related to my child's health for routine health care and emergencies. If I cannot be reached in an emergency, I give permission for hospitalization, securing proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give my permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Signature of Camper \_\_\_\_\_ Date: \_\_\_\_\_

Note – this form is signed and submitted together with the Consent and Release of Liability Form.



# CONSENT AND RELEASE OF LIABILITY

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

Permission to participate - Recognize accidents may happen when doing fun stuff and accept risks - Choose to come healthy - Hold YFC harmless - Consent to emergency medical treatment and costs - Media release - Behavior agreement for safety

**1. RELEASE OF LIABILITY - "I give my permission to participate in YFC activities. I understand accidents can happen when doing fun activities and accept the risks. I or my child agree to come to YFC activities healthy."**

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., et al ("YFC") activities is a privilege. I am signing this Release of Liability form on behalf of myself or my minor child. I understand that my child or I may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games and events. 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 activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself or my minor my child, whether they are known or unknown to me at this time and certify that I or my child is healthy and fit to participate in all YFC activities. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters, affiliates, and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my child may have now or in the future against them for any accidental physical or other personal injury, loss of personal property, illness or death caused by infectious and/or contagious diseases or sickness while at camp or other YFC activities, or during YFC travel to and from camp or other YFC activities, and any medical responses to the same, as well as any other claims arising from participation in YOUTH FOR CHRIST/USA, INC. et al activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child, myself or any person made on their behalf. This Release specifically covers claims caused in whole or in part by any U.S. national health crisis, epidemic, pandemic, or similar widespread outbreak of disease whether or not such is formally declared by the U.S. government, the Center for Disease Control or the World Health Organization. YFC reserves the right to follow recommended CDC guidelines related to such pandemic, outbreak or disease and as such may choose at any time to send a participant home if presenting signs of sickness.

**2. INDEMNIFICATION – "I agree to hold YFC harmless."**

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 me or my child subsequent to his or her 18<sup>th</sup> birthday, including reasonable attorney's fees and costs.

**3. AUTHORIZATION FOR MEDICAL TREATMENT - "If an accident happens and if I cannot be reasonably reached. I give permission for emergency medical treatment and promise to cover medical costs if treatment is needed."**

I understand it may be necessary to have a medical consent form present for medical professionals in the unlikely event of an injury or condition requiring medical treatment of me or my child. This form gives YFC and its personnel the permission to take me or my child to the nearest, capable medical facility and have any necessary emergency treatment administered.

**IF PARTICIPANT IS A MINOR:** 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.

**IF PARTICIPANT IS 18 OR OVER:** IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, 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 PERSON IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY 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.

**4. MEDIA RELEASE - "YFC can use pictures and other media of me or my child participating in YFC activities for promotional purposes."**

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video 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.

**5. BEHAVIORAL AGREEMENT – "YFC hates sending participants home, but sometimes they have to. I recognize that."**

I understand that illegal, immoral activity, or behavioral issues may result in the named participant being sent home at the expense of the parent/guardian. Activities would include but are not limited to: reasonable belief of possession and/or use of drugs, alcohol, weapons; sexually aggressive and/or inappropriate behavior; stealing; fighting; etc. YFC leaders will make reasonable effort to contact the parent/guardian to make arrangements before a participant is sent home.

**I have read the above waivers/releases and understand what I have read.**

I represent that I am the participant named below (if 18 or over) or the legal parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child to participate in this activity and ongoing YFC activities, I hereby consent to the foregoing on behalf of my child and agree that this release shall be binding upon me, my child, our heirs, legal representatives and assigns.

Parent/Legal Guardian Signature (or participant over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name (or participant over 18): \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_



## AUTORIZACIÓN Y DESCARGO DE RESPONSABILIDAD

Permiso para participar - Reconoce que pueden ocurrir accidentes cuando se hacen cosas divertidas y acepta los riesgos peligrosos/danos- Acepta venir saludable - Mantiene indemne a YFC - Consentimiento para tratamiento médico de emergencia y costos - Autorización de uso de imagen - Acuerdo de comportamiento por seguridad

Nombre del Participante: \_\_\_\_\_

### **1. DESCARGO DE RESPONSABILIDAD - "Doy mi permiso para participar en las actividades de YFC. Entiendo que pueden ocurrir accidentes cuando se hacen actividades divertidas y acepto los peligros/danos. Mi hijo y yo aceptamos venir saludables a las actividades de YFC".**

Entiendo que la oportunidad de participar en actividades de YOUTH FOR CHRIST/USA, INC., et al ("YFC") es un privilegio. Firmo este formulario de Descargo de Responsabilidad en nombre mío o de mi hijo menor de edad. Entiendo que mi hijo o yo podemos participar en diferentes actividades físicas, que pueden incluir entre otras, actividades recreativas y juegos y eventos. Entiendo que existen ciertos peligros/danos de lesiones físicas o enfermedades asociados con estas actividades. Asimismo, entiendo que pueden existir otros peligros/danos asociados con las actividades de los que yo no me encuentre consciente en el momento.

Al firmar este Descargo, asumo explícitamente estos peligros/danos para mí mismo o mi hijo menor de edad, ya sean conocidos o desconocidos para mí en este momento, y certifico que mi hijo y yo estamos saludables y aptos para participar en todas las actividades de YFC. Libero a YOUTH FOR CHRIST/USA, INC., incluyendo subsidiarias afiliadas y sus funcionarios, directores, voluntarios, empleados, contratistas y agentes, de cualquier reclamación que mi hijo o yo podamos tener ahora o en el futuro en su contra por cualquier peligro física u otro dano personal accidental, pérdida de propiedades personales, enfermedad o fallecimiento causado por enfermedades infecciosas y/o contagiosas, o enfermedad durante la estancia en el campo u otras actividades de YFC, o durante el viaje con YFC hacia o desde el campo u otras actividades de YFC, y cualquier respuesta médica a los mismos, así como cualquier otra reclamación derivada de la participación en actividades de YOUTH FOR CHRIST/USA, INC. et al. Este descargo de responsabilidad cubrirá (sin restricción) todas las reclamaciones por negligencia e infracción de obligaciones fiduciarias afirmadas por mí, por mi hijo, o por cualquier persona en su nombre. Este Descargo cubre específicamente reclamaciones causadas total o parcialmente por cualquier crisis sanitaria nacional en los EEUU, epidemia, pandemia o brote generalizado similar de enfermedades, ya sea que este sea o no declarado formalmente por el gobierno de los EEUU, el Centro de Control de Enfermedades o la Organización Mundial de la Salud. YFC se reserva el derecho a seguir los lineamientos recomendados por los CCE relacionados con dicha pandemia, brote o enfermedad, y como tal puede optar en cualquier momento por enviar a casa a un participante si este presenta síntomas de enfermedad.

### **2. INDEMNIZACIÓN - "Acepto mantener indemne a YFC".**

Por la presente acepto defender, indemnizar y mantener indemne a YOUTH FOR CHRIST/USA, INC., incluyendo sus subsidiarias afiliadas, sus directores, voluntarios, empleados, contratistas y agentes, de cualquier responsabilidad afirmada por mí o por mi hijo, subsiguientes a su cumpleaños número 18, incluyendo honorarios y costos razonables de abogados.

### **3. AUTORIZACIÓN DE TRATAMIENTO MÉDICO - "Si ocurriera un accidente y yo no puedo ser localizado de manera razonable, autorizo el tratamiento médico de emergencia y prometo cubrir los costos médicos si el tratamiento sea necesario".**

Entiendo que puede ser necesario contar con un formulario de consentimiento médico presente para los profesionales médicos en el improbable caso de que ocurra una lesión o condición que requiere tratamiento médico para mí o para mi hijo. Este formulario les da a YFC y a su personal la autorización para llevarnos a mí o a mi hijo a la entidad médica capacitada más cercana, y que se administre cualquier tratamiento de emergencia necesario.

**SI EL PARTICIPANTE ES UN MENOR DE EDAD:** EN CASO DE EMERGENCIA, ENTIENDO QUE SE HARÁN LOS ESFUERZOS PARA CONTACTARME; SIN EMBARGO, SI NO PUEDO SER LOCALIZADO, POR LA PRESENTE OTORGO A YOUTH FOR CHRIST/USA, INC. Y A SUS REPRESENTANTES, AUTORIZACIÓN PARA ACTUAR EN MI NOMBRE EN LA BÚSQUEDA DE TRATAMIENTO MÉDICO DE EMERGENCIA PARA MI HIJO EN CASO DE QUE DICHO TRATAMIENTO SEA CONSIDERADO NECESARIO O ACONSEJABLE PARA LA SALUD, SEGURIDAD Y BIENESTAR DE MI HIJO. AUTORIZO A AQUELLOS QUE ADMINISTREN TRATAMIENTO MÉDICO A HACERLO, HACIENDO USO DE LAS MEDIDAS QUE SE CONSIDEREN NECESARIAS. EXONERO A YOUTH FOR CHRIST/USA, INC., SUS REPRESENTANTES Y A TODOS LOS PROVEEDORES MÉDICOS DE CUALQUIER RESPONSABILIDAD POR ACTUAR FRENTE ESTOS ASUNTOS Y PROPORCIONAR DICHO TRATAMIENTO MÉDICO. YO SERÉ TOTALMENTE RESPONSABLE POR TODOS LOS GASTOS MÉDICOS PERTINENTES.

**SI EL PARTICIPANTE ES MAYOR DE 18 AÑOS:** EN CASO DE EMERGENCIA, SI NO ESTOY EN CAPACIDAD DE REPRESENTARME A MÍ MISMO, POR LA PRESENTE OTORGO A YOUTH FOR CHRIST/USA, INC. Y A SUS REPRESENTANTES, AUTORIZACIÓN PARA ACTUAR EN MI NOMBRE EN LA BÚSQUEDA DE TRATAMIENTO MÉDICO DE EMERGENCIA PARA MI PERSONA EN CASO DE QUE DICHO TRATAMIENTO MÉDICO SE CONSIDERE NECESARIO O ACONSEJABLE PARA MI SALUD, SEGURIDAD Y BIENESTAR. AUTORIZO A AQUELLOS QUE ADMINISTREN TRATAMIENTO MÉDICO A HACERLO, HACIENDO USO DE LAS MEDIDAS QUE SE CONSIDEREN NECESARIAS. EXONERO A YOUTH FOR CHRIST/USA, INC., SUS REPRESENTANTES Y A TODOS LOS PROVEEDORES MÉDICOS DE CUALQUIER RESPONSABILIDAD POR ACTUAR FRENTE A ESTOS ASUNTOS Y PROPORCIONAR DICHO TRATAMIENTO MÉDICO. YO SERÉ TOTALMENTE RESPONSABLE POR TODOS LOS GASTOS MÉDICOS PERTINENTES.

**4. AUTORIZACIÓN DE USO DE IMAGEN - "YFC puede hacer uso de fotografías u otros medios de mí o de mi hijo participando en actividades de YFC para fines promocionales.** Por la presente otorgo permiso a YOUTH FOR CHRIST/USA, INC. el derecho a usar, reproducir y/o distribuir cualquier fotografía, película, video y grabación de sonido en la que aparezcamos mi hijo o yo, sin compensación ni derecho de aprobación, para uso en materiales creados con fines de promoción de futuras actividades de YOUTH FOR CHRIST/USA, INC.

**5. ACUERDO DE COMPORTAMIENTO - "YFC detesta enviar a los participantes a casa, pero en ocasiones deben hacerlo. Reconozco eso".** Entiendo que actividades ilegales o inmorales, o problemas de comportamiento pueden dar como resultado que el participante en cuestión sea enviado a casa por cuenta del padre/tutor. Las actividades incluirían, entre otras: creencia razonable de posesión y/o uso de drogas, alcohol, armas; comportamiento sexual agresivo y/o inapropiado; robo; peleas; etc. Los líderes de YFC harán los esfuerzos razonables para contactar al padre/tutor, para hacer los arreglos necesarios antes de que el participante sea enviado a casa.

### **He leído los descargos/exoneraciones anteriores y entiendo lo que he leído.**

Manifiesto que soy el participante nombrado a continuación (si es mayor de 18 años) o el padre/tutor legal del menor nombrado a continuación, quien es menor de 18 años. En consideración por permitir a mi hijo que participe en esta actividad de actividades permanentes de YFC, por la presente autorizo lo anterior en nombre de mi hijo, y acepto que este descargo será vinculante para mí, mi hijo, nuestros herederos, representantes legales y cesionarios.

Firma del Padre/Tutor Legal (o participante mayor de 18 años): \_\_\_\_\_ Fecha \_\_\_\_\_

Nombre Impreso del Padre/Tutor Legal (o participante mayor de 18 años): \_\_\_\_\_

Email de Contacto: \_\_\_\_\_ Teléfono de Contacto: \_\_\_\_\_