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2 copies to site**

## Participant Release Form – NY & PA Sites Only

Sites: Adirondack Mountains, Brooklyn, Harrisburg, Niagara Falls, & Philadelphia

Name of Participant (please print): \_\_\_\_\_ Grade as of Fall 2018 (if student): \_\_\_\_\_

Dates Attending: \_\_\_\_\_ Name of Trip Site: \_\_\_\_\_

Church Name: \_\_\_\_\_

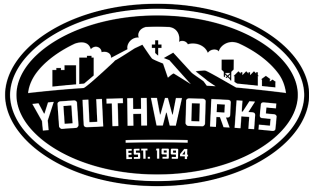
Trip Leader: \_\_\_\_\_

**Consent/Liability Release Agreement:** The undersigned individual(s), as either the above named trip participant if age 18 or older or the legal guardian(s) of the above named minor trip participant, hereby consent to the above named trip participant (the "Participant") participating in the above-referenced YouthWorks mission trip and related activities, including but not limited to travel to and from the trip location (the "Trip"). I/we agree that there are inherent risks involved in participation in the Trip and that participation is voluntary, and I/we would like the Participant to take part in the Trip. I/we have independently investigated the risks associated with the Trip and hereby accept(s) and assume(s) all such risks, including both known and unknown risks. I/we understand that if the Participant feels unsafe or uncertain about how to safely perform any task or activity on the Trip, the Participant is responsible to not perform the task or activity unless and until he/she is certain how to safely do so. I/we also understand that YouthWorks is not a representative or agent of, and cannot control the acts or omissions of, any transportation carrier, lodging provider, or other service/goods provider involved in the Trip. I/we further understand that YouthWorks is not responsible for any loss, theft or damage to Participant's personal property during the Trip. I/we understand that YouthWorks is a Christian organization and the Trip will include faith-based discussions or activities.

I/we, on behalf of myself/ourselves, the Participant, and all of our legal representatives, heirs, successors, assigns, and any other person or entity that could bring a claim on my/our and/or the Participant's behalf (collectively, the "Participant Parties"), hereby release and discharge YouthWorks, its affiliated organizations, and any of their former, current or future directors, officers, employees, volunteers, and agents (collectively, the "Released Parties"), from any and all claims, including but not limited to, liabilities, damages, or costs that any of the Participant Parties may have or claim to have relating to or arising out of participation in the Trip, including, without limitation, injury, illness, death, medical costs, and property loss. I/we also agree to indemnify, defend and hold harmless the Released Parties from any and all claims, liabilities, and costs asserted by any of the Participant Parties. I/we understand that, during the Trip, the Participant may be photographed or recorded and hereby authorize and agree to YouthWorks' or its affiliated organizations' unrestricted use, reuse and distribution of images and recording including but without limitation for purposes of promoting and publicizing mission trips. I/we understand that use of such materials will be without compensation and my/our further approval hereafter.

**Transport Home Agreement:** I/we understand that there could be a need for the Participant to be sent home from the Trip due to illness, injury, a disciplinary or policy issue, or some other reason. If the Participant is required to return home during the Trip, I/we agree that Participant will be transported home at my/our expense. YouthWorks or an adult leader of the trip group will contact me/us or an emergency contact for Participant regarding such transportation.

**Medical Release Agreement:** I/we agree that I/we are responsible for the Participant's medical needs. There either are no health-related issues which restrict Participant's participation in this Trip or which require special assistance, or I/we have confidentially arranged with YouthWorks for such assistance. I/we understand that accident/health insurance for Participant and any medical costs incurred by Participant while on the Trip are my/our responsibility. If the Participant is ill or injured while on the Trip and requires medical attention, I/we consent to any reasonable medical treatment deemed necessary by a qualified medical professional. If a medical professional refuses to administer treatment to Participant without my/our consent and I/we are not timely available to provide such consent, I/we authorize the Trip Leader or a member of the YouthWorks staff to give such consent. In the event it becomes necessary for such person to give consent, I/we, on behalf of the Participant Parties, agree to and do hereby release and hold him/her and all of the Released Parties harmless of any claims, demands or suits for damages arising from the giving of such consent or any resulting medical treatment.



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### Emergency Contact Information (please provide two)

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

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

Relationship to Participant: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **By signing below:**

- I/we represent that I/we have read this Participant Release Form in its entirety, including its sections titled **Consent/ Liability Release Agreement, Transport Home Agreement, and Medical Release Agreements**, and I/we hereby agree to its terms;
- I/we represent that (i) I am the above-named trip participant and am at least 18 years of age with legal authority to sign this form on my own behalf; or (ii) I/we are the parent(s) with legal custody of the above-named minor trip participant or are otherwise the legal guardian(s) of such minor trip participant;
- I/we agree that the Participant Release Form shall be governed by Minnesota law; and
- I/we represent that all of the information I/we provided on this Form and any related medical information form is accurate.

### **Trip Participant if 18 or older**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**OR**

### **Parent/Guardian (1) of Minor Participant**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

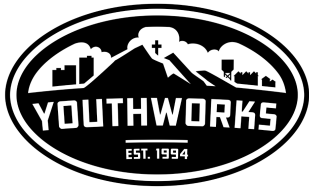
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Parent/Guardian (2) of Minor Participant**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



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### **CONFIDENTIAL**

The section below will be stored confidentially.

#### **Medical Information\***

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Current Medications or Health Conditions: \_\_\_\_\_

*\*To be used only to determine course of treatment in the event of a medical situation.*

#### **Tuberculosis – Sites in NY & PA**

In order for youth and adults to work with children and the elderly population in your community, the states of NY & PA require a recent TB test. The date of your student's and adult leader's tuberculosis test as well as the outcome of that test must be within the past 2 years and indicated on this form.

We are not requiring that participants get Tuberculosis testing, but not having testing, or leaving this section blank, will prevent them from working with the above populations.

Please circle one of the following:            I have taken the test            I have not taken the test

If you have taken the test, please provide date of test and outcome: \_\_\_\_\_

#### **Identification – Brooklyn Site Only**

In order for youth and adults to use the shower facility in Brooklyn, the facility requires some form of identification to be presented when entering the building. For this reason, all youth and adults need to bring a form of identification on their trip to Brooklyn.

#### **Insurance Information\***

Name of health insurance company: \_\_\_\_\_

Health insurance group number: \_\_\_\_\_ Health insurance policy number: \_\_\_\_\_

Phone/address of health insurance company: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Policy holder's phone number: \_\_\_\_\_

*\*Participants without health insurance may still be allowed to attend, understanding the risks and personal liability to any and all medical payments.*

***\*Please attach a copy of your insurance card to this form. It will be destroyed after the trip is completed.***