



Colorado Young Leaders Service Adventure Information

This form is intended to be used by students traveling and participating in an Colorado Young Leaders sponsored event. As a condition for participation in the program, one person with legal guardianship of this minor must sign this form & participating students must provide a copy of an active medical insurance card. **Please attach a photocopy with this form.**

Student Name (First, Last, Middle): _____

Date of Birth: ____/____/____ **Gender:** (circle one): Male Female

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number(s): Home: _____ Student's Cell: _____
Parent's Cell: _____

Email(s): Student's Email: _____

Parent's Email: _____

Emergency Contact(s): _____

Relationship to you: _____

Telephone(s): Home: _____ Cell: _____



Acknowledgment of Risk and Liability Waiver Agreement

I have executed this release on the date referred to below, individually and as the parent(s) or guardian(s) of _____, a minor, to Colorado Young Leaders (CYL), 10974 Valleybrook Circle Highlands Ranch, Colorado 80130.

I give permission for my child to participate in this student trip and event as a voluntary act of educational growth and learning. I have been informed and understand that participation in this student trip and event involves risks that could potentially result in injury, sickness, or even death. I understand that CYL cannot protect my child from all risks that may be encountered. Some common risk situations include, but are not limited to, risks involved in traveling to, from, and within the trip or event destination, as well as risks generated by the activities in which I engage while on the trip.

I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my child's participation in this trip and event up to and including death. I intend this release to extend to injury or loss to my child which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

I release and hold harmless CYL, its officers, directors, employees, agents, and representatives from any and all claims and causes of action that I may have against them by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my child's participation in the trip and event.

I agree to indemnify CYL, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child's participation in the aforementioned trip and event, whether caused by negligence of CYL or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state in which the CYL office that is sponsoring or coordinating the program or activity is located.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect

Signature of Guardian: _____ Date: _____

Printed Name: _____



Authorization for Emergency Medical Treatment

In case of accident, illness, or other emergency, I request that CYL personnel contact me. If the CYL personnel cannot reach a parent/guardian after conscientious effort, I give permission for CYL personnel to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for CYL personnel to immediately call paramedics and then contact me as soon as possible thereafter.

In the event that I cannot be reached to give necessary medical consent, I the undersigned grant permission for CYL to arrange for all necessary emergency care for our child. We will be financially responsible for such care and for emergency medical transport. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable.

I agree to assume the financial responsibility for expenses incurred as a result of those services being provided.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Parent/Guardian’s Signature: _____ Date _____

Printed Name: _____

Medical Authorization Information

Student’s Medical Information--- [Medical Insurance is REQUIRED!]

Health Insurance Provider: _____

Policy Number: _____ Contact Number: _____ Policy Holder Name:

_____ Relationship: _____

Name of Family Physician or Pediatrician: _____

Phone Number(s): _____

Allergies (including reactions to medication):

Are you currently taking any prescribed medication? Yes No

If yes, please specify the medication and the dosage:



Are you currently using any non-prescription drugs on a regular basis?

(i.e. antihistamines, sleeping aids, etc.)? Yes No

If yes, please specify: _____

Medical History:

Are you presently under a physician's care for any illness? Yes No If yes, please explain:

What was the date of your last physical exam?: _____ **List any injuries/ restrictions that would prohibit your ability to participate in this**

Service Adventure: _____

Dietary Restrictions:

_____ *Please note, at times there will be limited access to supplies for specialized diets. Sometimes the diet will be unpredictable, but we take all diets into consideration.

The Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization- I hereby give permission to the medical personnel selected by CYL, their designee or the participant's team leader(s) to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact or myself can be reached, I hereby give permission to the physician or doctor of dentistry selected by CYL, their designee or the participant's team leader(s) to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

Signature of Parent/Guardian: _____ Date: _____

I, _____, understand and agree to abide with the restrictions placed on my activities by my parent/guardian OR Colorado Young Leaders and/or its staff.

Signature of Youth Participant _____ Date: _____



PHOTO/VIDEO RELEASE

Parent/Guardian Permission I, _____, hereby grant permission for CYL to

photograph/videotape my son/daughter for possible use for social media posts, website media, video clips, or other related advocacy & advertisement that benefits CYL. In addition, I grant CYL and its employees, agents, successors, licensees, and assignees the right and license to the likeness of my son or daughter on photographs or in videos; to crop such photographs at their discretion; to incorporate such photographs or videos in the above projects at their discretion; and to use such photographs or videos or any portion thereof in any manner, including posting on the CYL website or social media as a part of or connected with the above projects, including any promotional materials.

I agree to hold CYL and its employees, agents, successors, licensees, and assignees harmless against any liability, loss, or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connections with such use of my child's likeness in the above projects.

I understand that my child's name will appear in connection with any photographs or videos containing his/her likeness that may be used in the above projects.

I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by CYL or its subcontractors, employees, or agents.

Approval/Consent of Parent or Guardian

Minor Child's Name: _____

Guardian Signature: _____ Date: _____