

Section I

PARENT'S AND CHILD/YOUTH'S RESPONSIBILITY AGREEMENT

MUST BE SIGNED FOR ALL CHILDREN AND YOUTH UNDER 18 YEARS OLD

As a parent or legal guardian who is attending IMYM, I assume full responsibility for my child/youth at all times when he/she is not in an IMYM or Ghost Ranch supervised activity. This includes appropriate behavior during meal times, evenings and any time he/she may choose not to cooperate or participate in organized activities. This also includes being financially responsible for any damage caused.

Printed name of child or youth

Age

Signature of Parent or Legal Guardian

Date

As a child or youth attending IMYM with my parents or legal guardian, I agree to abide by the rules of Ghost Ranch and IMYM. If I violate any of these rules, I realize that I will no longer be welcome in the programs and must stay with my parent or legal guardian. I realize that my parent or legal guardian will be financially responsible for any damage I cause.

Signature of Child/Youth

Date

Section II

GHOST RANCH EMERGENCY MEDICAL CARE PERMISSION

MUST BE SIGNED FOR ALL CHILDREN AND YOUTH UNDER 18 YEARS OLD

The undersigned parent or legal guardian of _____
PRINT name of child/youth

who will attend the Intermountain Yearly Meeting of the Religious Society of Friends at Ghost Ranch, Abiquiu, New Mexico, authorizes IMYM personnel or Ghost Ranch staff to arrange for emergency care or other medical attention deemed necessary, including admission to a hospital, of the above named minor person in the event that such medical attention or care is, in the opinion of the authorized person(s) or entity, determined to be necessary; including any and all costs, expenses, and charges for medical or hospital care provided by or received from whomsoever, and costs of transportation related.

Signature of Parent or Legal Guardian

Date

Section III

GHOST RANCH LEAVE RELEASE

MUST BE SIGNED FOR ALL CHILDREN AND YOUTH UNDER 18 YEARS OLD

My son/daughter, _____, a person under 18 years of age
PRINT name of child/youth

who will attend the Intermountain Yearly Meeting of the Religious Society of Friends at Ghost Ranch, Abiquiu, New Mexico, has my permission to participate in scheduled IMYM off-Ranch events.

Signature of Parent or Legal Guardian

Date



**INTERMOUNTAIN YEARLY MEETING YOUTH – SUMMER, 2018
CONFIDENTIAL MEDICAL HISTORY & EMERGENCY CONTACT INFORMATION**

GENERAL INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____
Date of Birth ____ / ____ / ____ Age ____ Male ____ Female ____ Height _____ Weight _____

PERSON TO NOTIFY IN CASE OF ILLNESS OR INJURY

Name _____ Relationship _____ Telephone _____

INSURANCE

You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.

Are you covered by hospitalization and medical care insurance? Yes ____ No ____

Name of Insurance Company _____ Policy# _____ Telephone _____

MEDICAL INFORMATION

If you have any health problems that we should be aware of, please check below and describe:

- | | |
|--|---|
| _____ neck, back or shoulder pain or injury | _____ diabetes |
| _____ frequent or unexplained fainting/dizziness | _____ chronic illness or physical infirmity |
| _____ vision or hearing impairments | _____ asthma, allergies or breathing difficulties |
| _____ high blood pressure and/or heart problems | _____ hypoglycemia |
| _____ known allergy to bee stings | _____ seizures |

MEDICATIONS

Do you carry epinephrine? _____ Do you carry insulin? _____

Are you currently taking medications? Y _____ N _____

If yes, please indicate name, amount and condition for which they are used:

By signing this form, I give permission for any emergency medical care provided by ambulance/hospital personnel that might become necessary.

Printed Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____
(If Participant Under 18)

**GHOST RANCH OUTDOOR ADVENTURE PROGRAM
RELEASE OF LIABILITY**

GROUP NAME: Intermountain Yearly Meeting

DATES OF ACTIVITIES: Sunday, June 10 – Sunday, June 17, 2018

TYPE OF ACTIVITIES: possible: Guided Hikes, Swimming, Service Project, Horseback Riding, Waterfront, Low Ropes

**THIS IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE
OF LIABILITY PLEASE READ IT CAREFULLY**

1. I understand and accept that the “Adventure by Choice” program being offered by the Ghost Ranch Conference Center and the Ghost Ranch Outdoor Program may expose me to many risks. Some of the risks which may be present or may occur include, but are not limited to the following:
 - Hazards of traveling by foot or vehicle to and from the activity site.
 - Using climbing equipment, harnesses, ropes, carabineers, and other similar equipment.
 - Objects falling from above which may include other climbing gear, nuts, bolts, ropes, tree limbs, personal materials, cameras, etc.
 - Getting tangled in ropes or cables.
 - Falling from course elements and landing on the ground, or falling against cables, platforms, beams, and other people.
 - Failure of any equipment, climbing, or construction.
 - Injuries inflicted by animals, insects, reptiles, or plants.
 - The forces of nature including, but not limited to, lighting, weather changes, hypothermia, sunburn, high winds, etc.
 - The physical exertion and stress associated with this outdoor activity.
2. I understand that participation in these programs is entirely VOLUNTARY. I have freely chosen to participate and understand that I may choose to stop at any time. I hereby assume the risks and perils directly or indirectly with this outdoor activity.
3. I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficiently good physical condition to accept this level of activity.
4. In consideration of the opportunity to participate in this program. I have and do hereby release and will hold harmless, Presbyterian Church (U.S.A.) a corporation, Ghost Ranch Educational and Retreat Center, and all its officers, employees, and agents, from any and all liability, causes of action, debts, claims and demands of every kind and nature whatsoever for injury to person, including death and/or permanent or partial disability, or damage to property that may occur as a result of my participation in said activity. The terms hereof shall serve as a release, identification, and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors for which I have responsibility.
5. Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and I have had my questions answered to my satisfaction.

NAME _____ DATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

(If Participant Under 18)

**CHILD UNDER 18 YEARS OF AGE NOT ACCOMPANIED
TO INTERMOUNTAIN YEARLY MEETING BY PARENT OR LEGAL GUARDIAN**

Every person participating in Intermountain Yearly Meeting (IMYM) that is under the age of 18 must have a parent or legal guardian attending IMYM at Ghost Ranch, or be accompanied by a sponsor approved by the participant’s parent or legal guardian. Minors not accompanied by a parent or legal guardian, or by a designated sponsor possessing this signed form, will not be allowed to register for IMYM, and will be asked to leave Ghost Ranch. The sponsor is a conscientious person of legal age (21) who knows the sponsored person well and who will be attending IMYM during the time the sponsored person is attending. Sponsors are mediators for the participant they sponsor if problems arise within the youth program or at Ghost Ranch. If the participant is a Senior Young Friend (SYF) staying in SYF housing, both participant and sponsor should realize that if the participant does not respect the policies of the SYF program, IMYM and Ghost Ranch, the participant will be asked to leave the SYF residence and spend the remainder of the time at IMYM with, and under the direct supervision of, the sponsor. For this reason we suggest no more than two participants per adult sponsor. The Medical Information Form is critical because minors cannot receive medical attention if a parent, legal guardian or designated sponsor is not present to give permission for treatment. The minor participant, the parent or legal guardian, and the designated sponsor must each sign the Permission and Medical Information Form below in the appropriate places.

Printed name of participant	Signature of participant	Date
Printed name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
Printed name of Designated Sponsor	Signature of Designated Sponsor	Date

As the parent or legal guardian, who has signed above, I give permission for the above-named minor to participate in IMYM at Ghost Ranch, and to participate in all planned program activities, both on and off the Ranch. I hereby release Intermountain Yearly Meeting (IMYM), its volunteers, and Ghost Ranch staff, from liability for any injuries or illness that my child may experience during IMYM at Ghost Ranch. In the event of a medical emergency I hereby authorize IMYM and Ghost Ranch personnel, or the sponsor designated above, to consent to any medical or surgical care advised by licensed healthcare providers. I hereby release IMYM and Ghost Ranch from any liability, legal or financial, for emergency care provided to my child. I expect to be informed of any such care as it is practicable to do so during or after the emergency.

Name and telephone(s) of an emergency contact who is NOT attending Intermountain Yearly Meeting:

EMERGENCY CONTACT NAME (NOT AT IMYM)	TELEPHONE
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Health Insurance Provider & Policy or Medical Record Number (MR/POL#):

HEALTH INSURANCE COMPANY	POLICY NUMBER
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Exact or approximate date of last Tetanus immunization: _____

List all known allergies: _____

**INTERMOUNTAIN YEARLY MEETING
RELEASE OF LIABILITY**

DATES OF ACTIVITIES: Sunday, June 10 - Sunday, June 17, 2018

TYPE OF ACTIVITIES: possible: Guided Hikes, Swimming, Service Project, Horseback Riding, Waterfront, Low Ropes, Soccer, Group games

**THIS IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE
OF LIABILITY PLEASE READ IT CAREFULLY**

1. I understand and accept that the programs being offered by IMYM may expose me to many risks. Some of the risks which may be present or may occur include, but are not limited to the following:

- Hazards of traveling by foot or vehicle to and from the activity site.
- Using climbing equipment, harnesses, ropes, carabineers, and other similar equipment.
- Objects falling from above which may include other climbing gear, nuts, bolts, ropes, tree limbs, personal materials, cameras. etc.
- Getting tangled in ropes or cables.
- Falling from course elements and landing on the ground, or falling against cables, platforms, beams, and other people.
- Failure of any equipment, climbing, or construction.
- Injuries inflicted by animals, insects, reptiles, plants, or other person.
- The forces of nature including but not limited to, lightning, weather changes, hypothermia, sunburn, high winds. etc.
- The physical exertion and stress associated with this outdoor activity.

2. I understand that participation in these programs is entirely VOLUNTARY. I have freely chosen to participate and understand that I may choose to stop at any time. I hereby assume the risks and perils directly or indirectly connected with this outdoor activity.

3. I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficiently good physical condition to accept this level of activity.

4. In consideration of the opportunity to participate in this program. I have and do hereby release and will hold harmless, Intermountain Yearly Meeting an unincorporated religious association and all its officers, employees, agents, and volunteers, from any and all liability, causes of action, debts, claims and demands of every kind and nature whatsoever or injury to person, including death and/or permanent or partial disability, or damage of property that may occur as a result of my participation in said activity. The terms hereof shall serve as a release, indemnification and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors for which I have responsibility.

5. Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and I have had my questions answered to my satisfaction.

NAME _____ DATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____
(If Participant Under 18)