



**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)

**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, 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 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)