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 Montcalm Mecosta Counties 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 Montcalm Mecosta Counties activities. I understand accidents can happen when doing fun activities and accept the risks. I or my child agree to come to YFC Montcalm Mecosta Counties activities healthy."***

I understand that the opportunity to participate in YFC Montcalm Mecosta Counties, et al ("YFCMMC") 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 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 YFCMMC activities. I release YFC Montcalm Mecosta Counties, 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 YFCMMC activities, or during YFCMMC travel to and from camp or other YFCMMC activities, and any medical responses to the same, as well as any other claims arising from participation in YFC Montcalm Mecosta Counties 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. YFCMMC 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 Montcalm Mecosta Counties harmless."*

I hereby agree to defend, indemnify and hold YFC Montcalm Mecosta Counties, 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 18th 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 YFCMMC and its personnel 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 YFC MONTCALM MECOSTA COUNTIES 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 YFC MONTCALM MECOSTA COUNTIES 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 YFC MONTCALM MECOSTA COUNTIES, 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 Montcalm Mecosta Counties can use pictures and other media of me or my child participating in YFC activities for promotional purposes.***

I hereby grant permission to YFC Montcalm Mecosta Counties 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 YFC Montcalm Mecosta Counties.

5. BEHAVIORAL AGREEMENT – ***"YFC Montcalm Mecosta Counties 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 Montcalm Mecosta Counties 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 YFCMMC 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:_____