

Youth Challenge Jamaica Missions Trips

Registration and Authorization form

February 2nd-9th, 2020

General Information

Name on Passport: _____ Age: _____ Birth date: _____
m/d/yr

Address, City, State, Zip: _____

Mobile/Day Phone: _____ Passport #: _____ Passport Expiration Date: _____

E-mail: _____ Gender: M F

Medical Information

Name of Insurance Provider: _____
(Please staple a copy of the medical insurance card, both front and back, to this form)

Allergic to any medications? Yes No If yes, please list: _____

Taking any medications? Yes No If yes, please list: _____

Date of last tetanus inoculation: _____

Waiver and Release of Liability

In consideration of Youth Challenge, Inc. not-for-profit corporation, organizing, arranging and permitting me or my child to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against Youth Challenge, Inc., its respective directors, officers, employees and members (collectively the "Youth Challenge, Inc. Representatives"), and I hereby release and discharge Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives from, and agree to indemnify and hold Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives harmless from and against all liability for any actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with me or my child's travel to, attendance at or participation in Youth Challenge, Inc. events.

I acknowledge that certain legal rights against Youth Challenge, Inc. or the Youth Challenge, Inc. Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives. I acknowledge that no promises, representations, or affirmations of fact were made to me by Youth Challenge, Inc. or the Youth Challenge, Inc. Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to me or my child's attendance of the event.

Authorization and Consent for Treatment

I have read the above Waiver and Release of Liability and agree to its provisions.

Signature of Parent, Guardian or Participant if over 18: _____

Date: _____

Please mail completed form to:
Youth Challenge
P.O. Box 11
Holyoke, Co. 80734