

YOUTH PROGRAMS OF BALTIMORE YEARLY MEETING
MEDICAL, RELEASE AGREEMENT FOR YOUTH PROGRAMS
2007-2008

Medical History and Information

(this section is optional for adults)

Name _____

Medical concerns _____

Allergies (foods also) _____

Medications (with dosage and schedule) _____

_____ Date of last Tetanus Shot ____/____/____

Doctor _____ Doctor's Phone _____

Even if you carry your insurance card, we need a photocopy of that card with this med form. Please attach a copy, with both sides, of your insurance card to this med form.

Emergency Numbers

Father/Guardian _____

Home _____ Cell _____ Work _____

Mother/Guardian _____

Home _____ Cell _____ Work _____

Other Contact _____ Relationship _____

Home _____ Cell _____ Work _____

Release and Agreement for Youth Programs Conferences

In consideration of being allowed to participate in the youth programs of Baltimore Yearly Meeting, its related events and activities, I , the undersigned, acknowledge, appreciate, and agree that:

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the company immediately; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, whereby release, indemnify, and hold harmless the Baltimore Yearly Meeting of the Religious Society of Friends, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant

Age

Signed: [_____] [_____] [_____]
 month day year

