YOUTH PROGRAMS OF BALTIMORE YEARLY MEETING
MEDICAL, RELEASE AGREEMENT FOR YOUTH PROGRAMS
2008-2009

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.

_____ _____ Signed: [_____] [_____] [_____]

Signature of Participant Age month day year

For Parents/Guardians of Participants of Minority Age
(under age 18 at time of registration)

I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

_____ Signed: [_____] [_____] [_____]
Signature of Parent/Guardian month day year

YOUTH PROGRAMS OF BALTIMORE YEARLY MEETING
Use of Likeness Release for 2008-2009

By signing below, I agree to the use of the likeness of my minor child, _____, for the BYM Youth Programs publicity and promotional purposes.

I understand and agree that photographs of my child may be printed in promotional materials. I further understand and agree that my child's likeness, in photographs or videos, may appear on a webpage or webpages produced by Baltimore Yearly Meeting and that such webpage(s) will be accessible via the Internet.

I agree that any materials produced pursuant to this release may be used, in whole or in part, without inspection or further consent or approval by me, of the finished product or any use of said materials or product by BYM Youth Programs.

I have read this agreement, and I make it willingly on behalf of my child.

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

_____
Signature of Parent/Guardian

Baltimore Yearly Meeting
Youth Programs
17100 Quaker Lane
Sandy Spring, MD 20860
fax 301-774-7087

This form must be sent to the BYM Office before attending your first conference of the year. The Medical, Release and Agreement form will be kept on file for one year beginning with registration for Annual Session.