

I Fly Young Volunteer Number: # _____

I Fly Young Volunteer Information

Basic Information

Name:	
Grade:	
Birthday:	
School:	
School ID Number:	
Phone number (Text Y/N):	
Email:	

Medical Emergency Authorization & Release Form

If you need immediate treatment, you will be taken to the closest medical center. If you are treated, you will be billed directly and will then have to seek reimbursement from your insurance carrier. You will be responsible for any charges incurred. Outside Medical Facilities do honor insurance plans but will only be used during after-hour emergencies.

Insurance carrier:	
Policy Number:	
Doctor's Name:	
City:	
Phone Number:	

Medical History

Reasonable accommodations will be made for medical disabilities. Your doctor's statement may be required.

<p>Do you have any physical handicaps, mental/emotional, or behavioral conditions about which the I Fly Young staff should be made aware? Please state briefly. This information will support your successful participation at I Fly Young. Failure to disclose information will limit our awareness and thereby impede our ability to provide appropriate support or specialized care, if required.</p>	<p style="text-align: center;">YES/NO</p> <p>If yes, please specify:</p>
<p>Are you currently taking any medications or under a physician's care?</p>	<p style="text-align: center;">YES/NO</p> <p>If yes, please specify:</p>
<p>Have you ever had a reaction to medications under a physician's care?</p>	<p style="text-align: center;">YES/NO</p> <p>If yes, please specify:</p>
<p>Does you have any allergies that we should be aware of? (Drugs, foods, insect bites, etc.)</p>	<p style="text-align: center;">YES/NO</p> <p>If yes, please specify:</p>
<p>Other Information:</p>	

Emergency Contact

In the event of emergency, if a parent/guardian cannot be contacted, please list someone who you would authorize to act on your behalf.

<p>Name:</p>	<p>Relationship:</p>	<p>Phone number:</p>
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Permission and Acknowledgement

I understand that the I Fly Young staff will try to contact the parent/guardian in case of illness or injury. In case of illness or injury, and when in the judgment of the staff, emergency medical attention is warranted, I authorize the staff to seek medical attention. If deemed necessary, I give permission to be

taken by the paramedics or ambulance to a hospital, and for the doctor there to take appropriate action necessary to meet the emergency.

I understand and agree with all the information that is provided on this waiver.

Print name of Parent/Guardian	Signature of Parent/Guardian	Date
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Print name of Participant	Signature of Participant	Date
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RELEASE OF LIABILITY, MEDICAL TREATMENT, AND MEDIA CONSENT FORM

Check One: Student, ID _____ Volunteer, ID _____ Other _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: I FLY YOUNG Inc. and NEW LIFE CHURCH and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the I FLY YOUNG Inc. and NEW LIFE CHURCH and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the I FLY YOUNG Inc. and/or NEW LIFE CHURCH.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed.

I AGREE to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

I DISAGREE to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name	Age	Signature (if under 18, parent or guardian must also sign)	Date
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The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever

which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name	Age	Signature of Parent or Guardian	Date
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