



beyondmalibu@beyondmalibu.younglife.org | 206-525-0791

Dear Beyond Malibu Participant,

Young Life Beyond Malibu is looking forward to serving you on a trip this summer. Beyond Malibu is located in British Columbia, Canada and has been safely providing adventure experiences in the inlets and mountains of the Coastal Mountain range since 1970. This is a challenging experience accomplished by thousands of campers with a wide range of abilities. Our hikes in the mountains will range from 5000 to 8000 feet in elevation. You will be traveling through mountainous terrain carrying packs that range from 45 to 50 pounds for an average of 5 to 6 hours a day. Sea Kayaking trips paddle through varying sea conditions with sea kayaks loaded with gear for an average of 5 to 6 hours a day. You will work with your fellow participants, sharing weight, encouragements and whatever it takes to safely accomplish the group's goals.

To help us provide the best possible experience for you we will need you to thoroughly read and complete the "INDIVIDUAL GUEST HEALTH AND CONSENT FORMS" below.

Please note that everything in this document is IMPORTANT information to clearly communicate Young Life's expectations with regards to insurance, medical information, physician's signatures and awareness of risk. Please complete all of the required information accurately including the signatures marked by the appropriate tabs.

We would like to highlight a few important sections of this form.

1. Under Insurance:
 - a. As a participant you understand that your personal medical/health insurance is and will be the sole coverage for accidents and/or illness while traveling to and from and while attending this wilderness program.
 - b. Please check with your insurance provider to see if you have medical coverage in Canada. If they do not we suggest you get international travel insurance. Here are a few websites that provide suggestions and comparisons:
<https://www.travelinsurance.com/?gclid=CIHBloag1NMCFQiSaQodN9oLzA>
<https://www.travelexinsurance.com/quote/>
<https://www.allianztravelinsurance.com>
 - c. If an individual is not insured or an individual's personal medical/health insurance and/or additional travel insurance does not cover the costs associated with an accident You as the individual remain fully liable and responsible for payment of any such hospital, doctor, medical transport, dental and medical fees.

We have found that basic emergency evacuations costs start at \$2,000 and any additional medical care costs would be in addition to the evacuation cost. Due to some instances where US insurance companies were unwilling to pay a Canadian Emergency Medical Services provider you may be required to pay these charges by credit card promptly upon delivery of services. After payment is received you may then choose to follow up with your insurance provider for reimbursement.

Thank you for paying close attention to these details. We look forward to your participation with Beyond Malibu this summer.

Sincerely,
Camp Administration



YOUNG LIFE ADVENTURE CAMP
INDIVIDUAL GUEST HEALTH & CONSENT FORM FOR NON-YOUNG LIFE GROUPS

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel and attendance at this specific camp. Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

- 1. Medical history & medical insurance information
2. Proof of physical examination, verified by physician's signature, required for ALL guests attending Beyond Malibu or camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Quaker Ridge, RMR, Trail West, or Wilderness Ranch).
3. Due to the rough terrain and the remoteness, Pregnant and Post-Delivery Females: Pregnant females and new moms 6 to 12 weeks post-delivery on camp date must have a physician's release. New moms less than 6 weeks post-delivery on camp date may not attend. Pregnant individuals over 30 weeks are not allowed to attend camp.

Name Last First Middle Initial Birthdate Gender Male Female Age

Parent/Guardian/Spouse Email Cell Phone

Home Address Street Address City State/Province Zip Home Phone

Work Address Street Address City State/Province Zip Work Phone

Second Parent/Guardian Email Cell Phone

Home Address Street Address City State/Province Zip Home Phone

Work Address Street Address City State/Province Zip Work Phone

If not available in an emergency, notify: Cell Phone

Home Address Street Address City State/Province Zip Home Phone

Name of School Camper Attends

I have Medical/Health Insurance. My insurance company Policy Number
Insurance company address/web-address:

I understand that my personal medical/health insurance is and will be the sole coverage for accidents and/or illness while traveling to and from and while attending camp and this wilderness program. Note: For camps outside of the USA, you are responsible to confirm that your medical insurance provides coverage for accidents/or illness outside the USA and/or purchase travel medical insurance.

Not currently insured. See Authorization for Treatment section.

Health Care Recommendations: This section must be completed by a physician, nurse practitioner, or physician's assistant for all individuals attending Beyond Malibu; all individuals attending camps located in CO or MN; or for a female attending any Young Life camp who is pregnant or has given birth within 12 weeks of the camp date. Parent or adult applicant must complete this section if these conditions do not apply.

- 1. Does applicant have a medical condition such as sickle cell or respiratory or other ailment or condition which would prevent participation in an active camp or Adventure camping program with an altitude of 7-14,000 feet?
2. Does the applicant have a medical condition which would prevent participation in an active camp or Adventure camping program?
3. The applicant is authorized to carry an inhaler, epi pen and other emergency medications with them at all times?

PHYSICIAN'S SIGNATURE (CO, MN, Beyond Malibu, pregnant/post-delivery females) (Must be obtained within the same calendar year as the camp trip.)

I have examined the applicant within the past 12 months. Date examined Height Weight Blood Pressure
Physician Signature Date Print Name
Address Phone
May be signed by Physician, Nurse Practitioner, or Physician's Assistant

The applicant is currently under the care of a physician for the following condition(s)

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (dates)

Explanation of any reported loss of consciousness, convulsion or concussion

Any camp activities from which applicant should be excluded

List any medication/treatment to be continued at camp (specify dosages)

Name of family physician Phone

Name of dentist Phone Orthodontist Phone

REQUIRED

PHYSICIAN

IMMUNIZATIONS	HEALTH HISTORY	
<input type="checkbox"/> Check and date any immunizations the applicant has received, or <input type="checkbox"/> Applicant has not been immunized for: <input type="checkbox"/> medical <input type="checkbox"/> personal <input type="checkbox"/> or religious reasons.	Check if applicant has: <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Convulsions in last 60 days <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Sickle Cell	Has applicant had (include date): <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> German Measles _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Hepatitis A _____ <input type="checkbox"/> Hepatitis B _____ <input type="checkbox"/> Hepatitis C _____ <input type="checkbox"/> Mononucleosis _____
<input type="checkbox"/> DTaP (Diphtheria, Tetanus, & Pertussis) Date: _____ <input type="checkbox"/> TD (Tetanus and Diphtheria) Date: _____ <input type="checkbox"/> MMR (Measles, Mumps, Rubella) Date: _____ <input type="checkbox"/> Polio (OPV or IPV) Date: _____ <input type="checkbox"/> Hepatitis B Date: _____ <input type="checkbox"/> Varicella (Chicken Pox) Date: _____ <input type="checkbox"/> HIB (Haemophilus influenza B) Date: _____ <input type="checkbox"/> Other Date: _____	<input type="checkbox"/> Currently Pregnant Due Date: _____ <input type="checkbox"/> Delivered baby in last 12 weeks Delivery Date: _____	

ALLERGIES and DIETARY RESTRICTIONS (List any food, drug, plant, insect, or other allergies) Note – This information will be shared with appropriate staff.

None Milk Allergy Dairy Intolerance Gluten Intolerance Penicillin
 Tree Nut Allergy Peanut Allergy Egg Allergy Celiac Disease Amoxicillin
 Shellfish Allergy Fish Allergy Soy Allergy No Pork Sulfate
 Vegetarian Vegan Bees
 Other Allergies (Drugs, insects, plants, food, etc.) OR Dietary Restrictions – Describe below:

AUTHORIZATION FOR TREATMENT This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA or other applicable health privacy regulations; and to provide or arrange necessary transportation services such as land, water or air transportation for me or my child. In a medical emergency, I hereby give permission and authorize the physician or the medical professional selected by Young Life to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or medical professional, or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of myself or the minor, and said physician, medical professional, or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and use as directed.

Beyond Malibu Canada. Governing Law / Jurisdiction: I hereby agree that the relationship and the resolution of any and all disputes arising there from between myself and the Malibu Club physicians relating to medical treatment received during the week of _____ shall be governed by and construed in accordance with the laws of the Province of British Columbia.

I hereby acknowledge that any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of any medical treatment received from the Malibu Club physicians, would be governed by the jurisdiction of the Province of British Columbia. By signing this statement, I hereby understand and agree that if I commence any such legal proceedings, they will be limited to the exclusive jurisdiction in the Courts of the Province of British Columbia.

Parent/Guardian/Adult Applicant Signature _____ Date _____

I agree to remain fully liable and responsible for the payment of any and all such hospital, doctor, medical transportation services such as ambulance (land, air, or water), dental or medical fees and any related costs. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees or related costs which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Parent/Guardian/Adult Applicant Signature _____ Date _____

**I have received, reviewed, and agree to the release of my health information as outlined in Young Life's "Notice of Privacy Practices" handout. Additional copies available at www.younglife.org.*

Parent/Guardian/Adult Applicant Signature _____ Date _____

ACKNOWLEDGEMENT OF INHERENT RISK I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP AND ADVENTURE ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE ADVENTURE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS, VOLUNTEERS, AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR ON AN ADVENTURE EXPERIENCE OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP OR ADVENTURE EXPERIENCE. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY INCLUDING THOSE INTO THE WILDERNESS WITH PROPER STAFF SUPERVISION.

Parent/Guardian/Adult Applicant Signature _____ Date _____

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

UNDER ARIZONA LAW, A SIGNED RELEASE ACKNOWLEDGES THAT THE PERSON IS AWARE OF THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES, IS WILLING AND ABLE TO ACCEPT FULL RESPONSIBILITIES FOR HIS OWN SAFETY AND WELFARE AND RELEASES THE EQUINE OWNER OR AGENT FROM LIABILITY UNLESS THE EQUINE OWNER OR AGENT IS GROSSLY NEGLIGENT OR COMMITS WILLFUL, WANTON OR INTENTIONAL ACTS OR OMISSIONS.

AS PROVIDED IN VIRGINIA CODE §3.2-6202 THE UNDERSIGNED ACKNOWLEDGES AND UNDERSTANDS THAT INHERENT RISKS MAY EXIST FOR PERSONS INVOLVED IN EQUINE ACTIVITIES DUE TO THE UNPREDICTABLE NATURE OF EQUINE'S REACTIONS TO THEIR ENVIRONMENT. SUCH RISKS MAY INCLUDE PERSONAL INJURY, HARM OR EVEN DEATH. THE UNDERSIGNED RELEASES THE EQUINE OWNER AND/OR ACTIVITY SPONSOR FROM ANY AND ALL LIABILITY WHICH MIGHT RESULT FROM THIS ACTIVITY.

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or during the adventure trip, or caused in any manner other than the willful or negligent act of Young Life, its agents, employees, and agents, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees, and agents, from any physical or mental injury, including death, or illness I or my child may incur or be exposed to while at the Property or while traveling to or from the adventure experience, or while on an adventure experience. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I and/or my parent and guardian are aware of the risks, real or potential associated with an adventure experience and have been given the opportunity to ask questions about the Young Life adventure experience.

WAIVER AND RELEASE IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Parent/Guardian/Adult Applicant Signature _____ Date _____

Applicant understands and agrees to abide with the restrictions placed on his/her camp activities as listed herein. Parent/Guardian may sign for minor, acknowledging their agreement.

Parent/Guardian/Adult Applicant Signature _____ Date _____

(If camper is emancipated, proof must be provided prior to camp.)

← SIGN

← SIGN

← SIGN

← SIGN

← SIGN

← SIGN



CONSENT FORM FOR MEDICAL TREATMENT IN CANADA



GOVERNING LAW

I hereby agree that the relationship and the resolution of any and all disputes arising there from between myself and the Malibu Club physicians relating to medical treatment received during the week of _____ shall be governed by and construed in accordance with the laws of the Province of British Columbia. To obtain a copy of Young Life’s Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1953.

JURISDICTION

I hereby acknowledge that any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of any medical treatment received from the Malibu Club physicians, would be governed by the jurisdiction of the Province of British Columbia.

By signing this statement, I hereby understand and agree that if I commence any such legal proceedings, they will be limited to the exclusive jurisdiction in the Courts of the Province of British Columbia.

Name

Signature

Date

All minors visiting Malibu Club must have this form signed by their parent/guardian prior to leaving for camp.

YOUNG LIFE SHALL NOT BE HELD LIABLE AT ANY TIME FOR LOST OR STOLEN LUGGAGE OR PERSONAL ITEMS.

Parent’s Signature
Required for minors

Date

Witness Signature (Notary not required)
Required for minors

Date

Parent’s Printed Name

Witness’ Printed Name