



A Participant's Guide to Young Life's Beyond Malibu Mountain Adventures

Young Life's Beyond Malibu Mountain Trips are unique high mountain adventures specifically designed to captivate and enrich the lives of young people. Beyond Malibu is located in beautiful Princess Louisa Inlet 1.5 hours by water taxi north of Egmont, British Columbia, Canada.

Our Beyond Malibu hiking base camp is at sea level two miles into Princess Louisa Inlet. The group will travel to Beyond Malibu's base camp to meet their guides, and pack and prepare for the trip ahead. From base camp they will travel to their specific trailhead and begin their adventure.

We believe communication with participants and their parents is important to the success of our ministry. We want you to be informed and familiar with our program. Our mission is to provide a high-quality and safe mountain experience where one has the opportunity to climb peaks ranging from 5,000 to 8,500 feet in elevation, sleep under the stars, cross crystal clear streams and hike through some of the most beautiful scenery in British Columbia, Canada. Most importantly, we desire to facilitate an individual's growth in Jesus Christ, to provide time to examine one's life in relation to the God who created them. We strive to serve through teamwork, trust, vulnerability, caring and developing relationships.

General Information:

Guides: Two experienced guides who have training in mountaineering, navigation, relationship building, and first-aid, lead each trip. Guides are certified in Wilderness Advanced First Aid through the Wilderness Medicine Associates (<https://www.wildmed.com>). At Beyond Malibu, the guides are with their group from arrival on Saturday afternoon until breakfast on the following Saturday morning.

Food: Trip food is prepared at basecamp prior to going out on the trail. We provide wholesome, healthy food specifically designed to properly nourish the body in relation to wilderness hiking. If there is a food allergy, please make sure Beyond Malibu is aware of the food allergy as soon as possible, or at least 10 days before arriving at camp. So we can explore together how we can care for you and to discuss any additional supplements that you may need to provide.

Clothing: Due to the weather conditions in the mountains, the proper clothing is of utmost importance. Our years of experience have enabled us to provide you with a list of what is needed. Full Hiking Clothing and Equipment List (Page 5-6). To keep the costs down we encourage you to borrow or shop at Thrift stores for clothing items.

Cotton clothing: The only cotton clothing you will want to bring are your travel clothes. If cotton gets wet it will take much longer to dry than synthetic clothes and wool clothes. So we will not take cotton clothing into the mountains.



General Information: (Continued)

Hiking Boots: You will be hiking with heavy packs and you will want sturdy hiking boots that will provide good support as you will be hiking on rugged off-trail terrain. Please read the hiking boot requirements on the Hiking Clothing and Equipment list (Page 5-6).

Equipment: Beyond Malibu provides high quality equipment.

- Backpacks: Deuter internal frame packs that are specifically fitted by the guides to each camper.
- Sleeping bags: Rated to be warm even if it's zero outside.
- Evazote pads: This is a pad placed under the sleeping bag to provide insulation and a cushion.
- Camp Cups: On the trail we will eat all of our meals out of camp cups. Feel free to bring your own but we will always provide them.
- Water Bottle: We can provide water bottles for campers to use if they need one.
- Tents and Group flies: Weather-proof shelters for sleeping and meeting.
- Every camper, leader, and guide will be carrying various group equipment in addition to his or her own personal gear.
- If you choose to bring your own equipment, please be sure it is adequate for a seven day backpacking trip. In order to insure your safety, your guides will have the final say about what goes out on the trail.

Weight: You will be carrying your backpack and supplies which can be 30 to 50 pounds. Approximately 1/3 your body weight.

Weather: From cold, rainy and windy to hot and sunny weather; conditions may vary widely with even the possibility of snow. The temperature ranges from freezing to 80 degrees Fahrenheit and there can be wind speeds of 0 to 40 mph or more. If there is a lightning storm we initiate a lightning drill where the guides assess the surroundings and protect all trip members from potential strikes.

Routes: Each group travels approximately 15 -30 miles during their 6 days on the trail with daily hiking of approximately 5 to 8 miles per day. This can vary given the group's ability and circumstances. They travel at elevations ranging from sea level to 8500 feet with daily ascents or descents of 900 to 3500 feet. You will be hiking up and down mountains trails, over rocks and over loose gravel and on snow packs. We take route requests from trip coordinators but reserve the right to choose the best route suited for the group's ability in order to provide a safe and challenging experience.

Health and conditioning: The Beyond Malibu Mountain experience has been designed to be accomplished by a teenager in average health. We do strongly recommend that you prepare yourself for this adventure. We have prepared a physical preparation guide (Page 7) so you can get ready for the endurance you will need for a week in the mountains.



Mandatory Forms: For those under 19, parent or guardian signatures are required on all forms for Beyond Malibu.

Health Forms: Due to the physical element and remote setting of a Beyond Malibu trip, a physical exam and doctor signature within 12 months of participating is required. **For safety purposes it is very important that the Individual Guest Health and Consent Form is clear, thorough, printed out in its entirety and turned in upon arrival at basecamp.** Thank you for your attention to these details, here are the steps:

- 1) PRINT AND COMPLETE- Individual Guest Health and Consent Form (Pages 8-11)
 - Participant Cover Letter Page 8 communicates Young Life's expectations with regards to insurance and liability in the event of illness or injury during the trip. Please read carefully.
 - Doctor Cover Letter Page 9 explains the physical expectations of a Beyond Malibu trip. So your doctor can assess and communicate your medical health concerns accordingly.
 - Individual Guest Health and Consent Form Pages 10 and 11 to be completed by participant and/or parent/guardian and reviewed by a physician during a physical exam.
- 2) EXAM- Go to your physician for a physical exam; have them review the Doctor cover letter and completed Individual Guest Health and Consent Form (Pages 9-11) and sign in appropriate places.
- 3) PRINT AND SIGN-Consent for Medical Treatment in Canada Form (Page 12). Only applies to individuals who do not have Canadian citizenship.
- 4) NOTIFY- Please notify our office as soon as possible of any special medical conditions, dietary restrictions, food allergies or other health related concerns that you think may be of importance for us to know in advance. Phone: 206-525-0791 Email: beyondmalibu@beyondmalibu.younglife.org
- 5) TURN IN- Turn in the Individual Guest Health and Consent form and the Consent for Treatment in Canada form to your trip leader. For Beyond Malibu all of these forms must be completed and presented in their entirety in the form of hard copies upon arrival at basecamp or persons will not be able to participate.

Border Crossing Documents: (only applies to groups traveling from outside of Canada)

- If you are flying from the US directly into Canada, each passenger is required to carry a passport. Check with your trip coordinator for travel details.
- Whether crossing the Canadian border by ground or air, **anyone 19 and older must have a passport.** Please double check to make sure your passport is current. Processing times can vary but plan for at least 90 days.



Mandatory Forms: (Border Crossing Documents Continued)

- For participants under 19 an original or copy of a birth certificate, a government issued picture ID and a Border Crossings Consent Letter will suffice in place of a passport.
 - **Border Crossing Consent Letter-** Only applies to those under 19 traveling from outside of Canada. Must be signed by a parent or guardian, it gives the designated trip leader permission to travel with your child.
 - Please contact your trip coordinator to receive your Border Crossing Consent Letter, they will provide accurate details to complete this form including: group name, trip leader and camp dates. A sample letter is provided on Page 13.
- Citizens of other countries will need a passport or possibly a visa from the Canadian Consul. (Contact your nearest Canadian Consulate for information before you leave.)

Insurance Proof of personal medical insurance is required to participate. Please check your medical and accident insurance to verify whether or not your medical and accident insurance company provides coverage for this type of activity in Canada. If not you will want to consider purchasing travel insurance. *“Young Life/Beyond Malibu does not provide Medical insurance for medical expenses for individuals on a Young Life Beyond Malibu adventure. Young Life does provide secondary Accident coverage that may pay up to a limit of \$4,000.00 USD for dental expenses and up to \$20,000 USD for medical expenses for injuries resulting directly from Young Life activities. The Young Life Accident coverage is a secondary insurance to any other medical insurance.*

What is Young Life?

Young Life is a non-profit Christian outreach for youth. Young Life’s purpose is to show adolescents the person of Jesus Christ and His relevance to modern life. We do this by building personal relationships with kids, sharing our lives and participating with them in a variety of experiences through which the Gospel can be heard and experienced. One of these ways is through wilderness camping.

Beyond Malibu is one of 26 Young Life camps in the United States.

Young Life Beyond Malibu

P.O. Box 15662, Seattle, Washington 98115

Phone: 206-525-0791 Fax: 206-525-1207

Email: BeyondMalibu@beyondmalibu.younglife.org

For more information or questions on Young Life Beyond Malibu visit

Website: <https://beyondmalibu.younglife.org>

HIKING CLOTHING AND EQUIPMENT LIST

YOUNG LIFE BEYOND MALIBU

We will be traveling in spectacular and rugged country where our lives will literally be dependent upon our gear. **The following list of clothing and equipment is essential for your health and safety.** The key to staying comfortable while on a trip is layering. For maximum comfort and minimum weight, you need versatile layers that mix and match to create the right amount of insulation, ventilation and weather protection. **The weather is unpredictable and each person needs to be prepared for varying conditions.**

Do not bring Cotton clothing for the mountains.

This list is the result of years of experience in the mountains in the Coastal Mountains of British Columbia and everything has a purpose. Please bring all of the **required clothing**.

To keep costs down we encourage you to borrow or shop at Thrift stores and shop sales as much as possible!

Keep in mind that everything must be carried on your back so watch the weight!!

REQUIRED CLOTHING AND EQUIPMENT

For the Mountains:

UPPER BODY LAYERS

- ___ 1 short sleeved moisture wicking t-shirt base layer (polypropylene/synthetic/wool)
- ___ 1 long sleeved moisture wicking t-shirt base layer (polypropylene/synthetic/wool)
- ___ 1 **light** wool sweater, fleece jacket, or a heavyweight polypropylene top
- ___ 1 **heavy** wool sweater, fleece jacket (mountaineering style)
- ___ **Crucial:** Rain jacket (hooded, waterproof, lightweight, breathable – good materials are Gore-tex, Patagonia H2No, Mountain Hardware Dry Q or coated nylon, **no** vinyl or plastic)
- ___ For Women; 1-2 moisture wicking sports bras

LOWER BODY LAYERS

- ___ Underwear. 2-3 Briefs or boxers must be synthetic (polypropylene/synthetic/wool)
- ___ 1 pair shorts - lightweight nylon with liner work well (not cotton)
- ___ 1 pair of moisture wicking long underwear bottoms (polypropylene/synthetic/wool)
- ___ 1 pair wool or fleece pants
- ___ **Crucial:** Rain pant (waterproof, lightweight, breathable – good materials are Gore-tex, Patagonia H2No, Mountain Hardware Dry Q or coated nylon, **no** vinyl or plastic)

HEAD and HAND LAYERS

- ___ 1 wool or fleece (NOT ACRYLIC) stocking hat
- ___ 1 baseball cap or sun visor
- ___ 1 pair wool or fleece gloves or mittens (or 2 lighter pair to layer)

FOOTWEAR

- ___ 3 pairs mid to heavy-weight wool socks
- ___ 1-2 pair sock liners: lightweight (polypropylene/synthetic/wool)
- ___ 1 pair of three-strap sandals (Tevax or Chacos) or a pair of old lightweight sneakers (Nylon runners are best because they are light and dry easily). Crocs are also a great option. No Flip Flops. These shoes are worn with socks in the evening.
- ___ **Boots** 1 pair of medium-weight, backpacking or light mountaineering boots. Boots are crucial! Need to provide good support for rugged off trail hiking with heavy packs. (tough, and durable)

Here are some boot features to look for:

- Constructed from full-grain leather , one piece upper or combination of nylon, Gore-Tex and leather
- A stiff sole that provides good traction, like a Vibram lugged sole
- ½ length shaft with in the sole to provide foot support and protection
- Ankle support! Trail running and below the ankle hiking boots are not acceptable.
- It is important to have good fitting footwear so take the time to be certain that your boots fit well! When fitting boots, wear two pairs of socks (1 liner, 1 heavy wool).

MISCELLANEOUS ITEMS

- ___ 1-3 bandannas (these are used for everything from washcloth to sweatband) (Cotton is Fine)
- ___ 1 Sunglasses (100% UV protection, side shields).
- ___ 1 Head lamp or **small** flashlight with extra batteries
- ___ 1 **small** Bible (pocket size, with Old Testament and Psalms)
- ___ Toilet items: Toothbrush and small toothpaste, a small bottle of biodegradable soap (for base camp only), contact lens supplies. For Women; female products, and wet wipes. You will pack these items out. You may want to store these in small Ziplock bags covered with duct tape to conceal contents. NO MAKEUP, DEODORANT, HAIR SPRAY, ETC.!
- ___ 1 small washcloth (a bandanna works fine)
- ___ 1-2 Water bottles (1 Liter)
- ___ 1 bottle of sun block and 1 Chap Stick, 25 SPF or greater
- ___ 1small bottle of insect repellent
- ___ 1 small bottle of hand sanitizer

Optional Equipment:

(These items are not essential)

- ___ 1 small pocket knife (NOT a big hunting knife)
- ___ 1 backpack - good quality and proper fit only (Volume equal to or greater than 5200ci or 80L)
- ___ 1 sleeping bag in stuff sack. Synthetic fill bags(e.g. Quallofil, Hollofil, Polarguard, etc) perform well in the variety of conditions that we encounter on trips. Ratings of 0 - 15 degree F rating.
- ___ Over mitts or ski gloves
- ___ Camera and batteries
- ___ Therma-rest pad or Ensolite closed cell or blue foam pad
- ___ Crazy Creek Chair or Therma-rest Chair Kit
- ___ 1 pair Polarguard or down booties
- ___ Small package of **second skin**, moleskin, mole foam, athletic tape or other foot protection
- ___ Gaiters
- ___ Trekking Poles

Provided from Beyond:

- ✓ Tents
- ✓ All cooking gear, stoves and fuel
- ✓ Water purification
- ✓ Group First Aid Kit + Foot Tape
- ✓ Climbing Equipment
- ✓ Bug nets

Available to borrow from Beyond:

- ✓ Backpacks
- ✓ Sleeping bags and liners
- ✓ Foam sleeping pads
- ✓ Gaiters
- ✓ Small NT bibles
- ✓ Water bottle

For Base Camp:

These are items that you will use in base camp and not taken into the mountains.

- ___ Bathing suit and T-shirt
- ___ 1 towel
- ___ Set of clean clothing that you can wear home. You will not take these with you on the trip



PHYSICAL PERPARATION FOR A BEYOND HIKING TRIP

Get your muscles ready for the endurance they will need for a week in the mountains!!

#1 Cardio Exercise

Physically prepare by doing physical activity at least 3x a week for 30 minutes or more. Going for a hike, run, bike ride, or working out on a cardio machine are a good options.

#2 Add Strength Conditioning

Building muscle and doing exercises to replicate the weight of the pack and the vertical feet you will be climbing will be super helpful, don't forget to stretch!

- ✓ Add 3 sets of 20 lunges to your workouts to help your legs adapt to the stress that a backpack will have on them. You can break them up by doing one set after you're warmed up, one set in the middle of your workout and one at the end.
- ✓ Add 3 sets of the Bridge (or Plank): a core exercise where your body is parallel to the ground, elbows and toes are touching the floor and your back is straight with the belly tight. Hold this pose for thirty seconds to one minute. These will help build endurance of your core muscles.

#3 Add More Cardio

Once you are comfortable doing 30 minutes of physical activity, add one more day and/or make one day into a longer workout (more than 45 minutes long). Some examples would be going for an hour run or a challenging hike. Continue to do lunges (add weight when they are not as challenging).

Train Together

If possible, take your group on a few hikes together before coming to Beyond. Take day packs with you that have a few heavier items in them. The more you do this, the better your body will adjust to hiking at Beyond. It will also give your group a good start in learning how to work together in the mountains.

Don't have time to go on a hike or have trails nearby? Another idea is to get together at someone's house and do a group work out. Create stations around the house such as lunges, stairs, push-ups, sit-ups, wall-sits, "the bridge" (see above), hand stands against a wall, dips on a chair, etc. Have everyone start with a different activity. Do each activity for one minute. Continue rotating until everyone does all the stations. Crank up the tunes and repeat the whole cycle three times.

Break in your Hiking Boots

Wear them whenever you can: walking around the house or hiking on the trail. One fun idea is to go for an "Urban Hike." Get your group together, put on your hiking boots, and walk around the town/city. You can even do this with backpacks on if you have them.



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

Dear Beyond Malibu Participant or Parent/Guardian,

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 sea level to 8000 feet in elevation. You will be traveling through mountainous terrain carrying packs that range from 30 to 50 pounds for an average of 5-8 miles per 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 and turn them into your trip leader.

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



To the Physician, Licensed Nurse Practitioner, or Physician's Assistant,

Beyond Malibu is located in a Princess Louisa Inlet British Columbia, Canada and has been safely providing both hiking and sea kayaking wilderness adventure experiences in the remote inlets and mountains of the Coastal Mountain range since 1970.

A participant on a Beyond Malibu mountain trip will travel approximately 15 -30 miles during their 6 days on the trail with daily hiking distances of approximately 5 to 8 miles per day. This can vary given the group's ability and circumstances. They travel at elevations ranging from sea level to 8500 feet with daily ascents or descents of 900 to 3500 feet. Each day they camp along the trail in tents. Temperatures can range from freezing to 80 degrees Fahrenheit. They will be hiking up and down mountains trails, over rocks, alpine vegetation and on snow fields. They will be carrying a backpack and supplies which can weigh between 30 and 50 pounds.

Approximately 1/3 their body weight.

We have found that people who are in overall good health with average physical ability can successfully complete the Beyond experience.

In the interest of the personal safety of both the participant and the other trip members, we are asking you to assess this applicant's physical, emotional and mental wellbeing. Please review the participants completed Young Life Adventure Camp Individual Guest Health and Consent Form ensuring that it is complete and it lists all of the participant's medical conditions, allergies and treatments. On the PHYSICIAN Section please answer the 3 questions in light of the participant's medical history and the trip description above.

Thank you.

Sincerely

Camping 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

REQUIRED

PHYSICIAN

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

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.

<input type="checkbox"/> None	<input type="checkbox"/> Milk Allergy	<input type="checkbox"/> Dairy Intolerance	<input type="checkbox"/> Gluten Intolerance	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Tree Nut Allergy	<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Amoxicillin
<input type="checkbox"/> Shellfish Allergy	<input type="checkbox"/> Fish Allergy	<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> No Pork	<input type="checkbox"/> Sulfas
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> 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

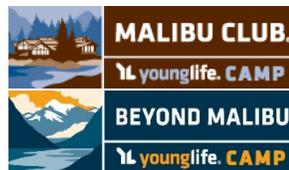
SIGN

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.

Visitor Name

Visitor Signature

Date

All persons under 19 visiting Beyond Malibu 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

Date

Witness Signature

Date

Only required for minors

Only required for minors

Parent’s Printed Name

Witness’ Printed Name



BORDER CROSSING CONSENT - PARENT OR GUARDIAN

Group Name: _____

Trip Leader: _____

Camp Dates: _____ to _____

I _____ give permission to the above mentioned trip leader to accompany _____ across the border from The United States to Canada to attend Young Life Beyond Malibu located in Princess Louisa Inlet, British Columbia.

Signature of Parent or Guardian

Date

Parent/Guardian Name(s): _____ Phone: _____

_____ Phone: _____

Camper - Date of Birth: _____

Camper - Place of Birth: _____

Camper Proof of Citizenship (Please Check One):

Passport _____

Birth Certificate & Photo ID _____

Passport Card _____

Enhanced DL _____

Please contact your trip coordinator to receive this letter with accurate trip information.

Young Life

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