



Youth & Young Adult Retreat 2024 – April 19-21, 2024

Camp Cedar Crest Liability & Medical Release Form

**FOR YOUNG ADULT PARTICIPANTS (High School Graduates to 24 years old)
(This is for Young Adults NOT serving as group leaders)**

(Please complete this form AND submit NO later than April 10, 2024)

CONTACT INFORMATION:

Participant Name _____ Age ____ DOB ____/____/____ M F

Address _____ City _____ State/ Zip _____

Email _____ Home Phone _____ Cell Phone _____ Church _____

City/State _____

HEALTH INFORMATION: (Please submit a copy of your insurance card.)

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions/Medications _____

Other concerns related to the participant's physical condition: _____

Who to contact in case of emergency if the parent(s)/guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I certify that I will voluntarily participate in the Youth & Young Adult Retreat with the American Baptist Churches of Los Angeles, Southwest and Hawaii (ABCOFLASH). As a young adult participant, I understand that I am expected to abide by the retreat rules and guidelines and am responsible to my church leader. If necessary, I will be asked to leave because of my misconduct or disobedience. In such instance, I will assume full responsibility for returning home

Further, I release and hereby agree to hold blameless ABCOFLASH and its employees and agents from any and every claim arising or which may be asserted by me or by any member of my family because of participating in any activities associated with ABCOFLASH. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss determined by ABCOFLASH or the event officials.

Further, I authorize the minister or sponsor of this activity or any ABCOFLASH staff member. If my emergency contacts cannot be reached, I consent to a physician and hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Check here if you are driving your vehicle to the retreat and that you accept the statements in this paragraph. If you are driving your vehicle, you will need to **submit a copy of your driver's license and auto insurance card.** I understand and accept that in the event of an accident, my insurance will be primary regarding liability and medical coverage. I also understand and acknowledge that my church and ABCOFLASH will not provide nor cover physical damage coverage in any way. Property damage to my vehicle or the contents is within my responsibility.

My consent and signature is given below. I have read and agree to the information provided in this form.

Printed Name _____

Signature _____ Date _____