

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by RMAC/YLC 2009 for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to the program sponsored by RMAC/YLC. I understand that it is my responsibility to provide any updates to this information to RMAC/YLC 2009 during my/my child's participation throughout the event.

By participation in YLC, permission to use the participant's image in any publication materials that might be used to promote the ministry in the future is understood.

Signature of Participant (if 18 or older) _____

Today's Date _____

Signature of Parent/Guardian (if under 18) _____

Today's Date _____

Please Print, Complete, Make copies for your use, & Mail to:

Rocky Mountain Conference
6110 Greenwood Plaza Blvd.
Greenwood Village, CO 80111
Attn: YLC Registration