YOUTH PROGRAMS OF BALTIMORE YEARLY MEETING
Medical History and Information

Name _____

Medical concerns _____

Allergies (foods also)_____

Medications (with dosage and schedule) _____

_____ Date of last Tetanus Shot _____/_____/____

Doctor _____ Doctor's Phone _____

Even if you carry your insurance card, please attach a copy, with both sides, to this med form.

Release and Agreement for Youth Programs Conferences
2012-2013

In consideration of being allowed to participate in the youth programs of Baltimore Yearly Meeting, its related events and activities, I [ ], the undersigned, acknowledge, appreciate, and agree that:

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the Handbook and Gathering Expectations. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the issue to the attention of the FAPs, Youth Secretary, or Executive Committee immediately; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, whereby release, indemnify, and hold harmless the Baltimore Yearly Meeting of the Religious Society of Friends, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
4. I understand transportation to and from conferences is my responsibility and release BYM, staff, and volunteers from responsibility unless transportation is provided by the program.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____ _____ Signed: [_____/_____/_____]

Signature of Participant Age month day year

For Parents/Gaurdians of Participants of Minority Age
(under age 18 at time of registration)

I, as parent/guardian with legal responsibility for this participant, do consent and agree to my child's release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

_____ Signed: [_____/_____/_____]

Signature of Parent/Guardian month day year

Emergency Contact Information

Parent/Guardian #1_____

Home _____ Cell _____ Work _____

Parent/Guardian #2_____

Home _____ Cell _____ Work _____

Other Contact _____ Relationship _____

Home _____ Cell _____ Work _____

YOUTH PROGRAMS OF BALTIMORE YEARLY MEETING

Use of Likeness Release for 2012-2013

By signing below, I agree to the use of my/my minor child's, _____, likeness for the BYM Youth Programs publicity and promotional purposes.

I understand and agree that photographs of myself/my child may be printed in promotional materials. I further understand and agree that my/my child's likeness, in photographs or videos, may appear on a webpage or webpages produced by Baltimore Yearly Meeting and that such webpage(s) will be accessible via the Internet. I agree that any materials produced pursuant to this release may be used, in whole or in part, without inspection or further consent or approval by me, of the finished product or any use of said materials or product by BYM Youth Programs.
I have read this agreement, and I make it willingly on my behalf or that of my child.

_____Signed [_____/_____/_____]
Signature of Parent/Guardian/Self month day year

Baltimore Yearly Meeting
Youth Programs
17100 Quaker Lane
Sandy Spring, MD 20860
fax 301-774-7087

This form must be sent to the BYM Office before attending your first conference of the year. This form will be kept on file for one year beginning with registration in the fall of 2011.