



**70 YEARS**  
INSPIRING YOUTH

## 2018-19 AUTHORIZATION FORM

### DELEGATION INFORMATION

Delegation Name: \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Alternate Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MEDICAL INFORMATION

What (if any) medical condition(s) do you have that might affect your experience at conference?

\_\_\_\_\_

If you have any serious allergies (food, medication, insect), list them:

\_\_\_\_\_

If you are taking any prescription medications, list them:

\_\_\_\_\_

If you are currently under a doctor's care, explain reason:

\_\_\_\_\_

Participant Name: \_\_\_\_\_ Delegation (if applicable): \_\_\_\_\_

**CODE OF CONDUCT AGREEMENT** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

For participants and volunteers: By signing, I acknowledge that I have read, understand and will follow the California YMCA Youth & Government (Y&G) Code of Conduct at all Y&G conferences and functions. A current copy of the Code of Conduct can be found on [www.calymca.org/model-legislature-court](http://www.calymca.org/model-legislature-court).

For parents/guardians of participants: By signing, I acknowledge that I have read and reviewed the Code of Conduct with my child and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is expelled from the program, that I am responsible for their immediate transport home from the conference or YMCA function. This transport shall be done at my expense.

**MEDIA AND DATA COLLECTION RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

Permission is granted to California YMCA Youth & Government (Y&G) and their authorized representatives to take photographs, video, and audio recordings (collectively referred to as media) of participants and volunteers during their participation in Y&G sponsored programs and events. Media in any format, including electronic media, may be used for any purpose, including publicity. Permission is also granted to Y&G and their authorized representatives to gather survey data about me and or my child and their Y&G experience. The participant and his/her parents hereby waive and forever relinquish any rights to such media and or data, waive the right to prior notice of such use, and acknowledge the right for Y&G, its representatives, and affiliates to use such media and or data without compensation. I have read and agree to these conditions.

**TRANSPORTATION** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I hereby grant California YMCA Youth & Government (Y&G) permission or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to transport my child by bus, airplane or other necessary vehicle for conference or training purposes and/or medical need.

**EMERGENCY COMMUNICATIONS RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

Permission is granted for California YMCA Youth & Government (Y&G) to access and use the mobile phone numbers provided Y&G and/or my sponsoring delegation for emergency communications.

**PARTICIPANT HOTEL ACCOMMODATIONS** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I understand that hotel sleeping accommodations are shared with other participants up to the maximum allowed by fire code and as determined by hotel standards. Participants seeking reasonable housing or rooming accommodations must communicate their request in advance of conferences to their local YMCA or school who will work with the California YMCA Youth & Government housing team. If there are any concerns or questions about housing at conferences or rooming assignments, please contact your local YMCA or school.

**REFUND POLICY** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I understand that all fees paid to California YMCA Youth & Government are non-refundable. Participants should check with their local YMCA or school regarding any other applicable refund policies.

**MEDICAL RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I hereby authorize California YMCA Youth & Government (Y&G) and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to act as guardians for the above-named individual. This guardianship grants authority to consent to any medical, dental, surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a health care provider licensed under the laws of the state or any other jurisdiction in which emergency medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended. I have read and agree to these conditions. This form may be copied for emergency purposes. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

For parents or guardians with participants under 18, all efforts will be made to contact the minor's parent or legal guardian prior to the rendering of medical or dental care. If the emergent nature of the event demands immediate attention, the above listed guardians are authorized to provide the necessary permission needed for treatment required. The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization. This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA including transportation to/from the event and shall be valid until revoked in writing by the undersigned.

Updated July 20th, 2018

**SIGNATURE OF AGREEMENT**

I have read, understand and agree to the statements written on page two of this document.

Participant or Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



**70 YEARS**  
INSPIRING YOUTH

## **CALIFORNIA YMCA YOUTH & GOVERNMENT PHOTO/AUDIO VISUAL/NARRATIVE RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by California YMCA Youth & Government, I give my consent, now and for all time, to California YMCA Youth & Government and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, exhibition in promotions, advertising, documentary purposes, merchandising, and education. Use includes reproductions in any form and media, adaptations, and/or revisions, throughout the world and forever.

I understand and agree there will be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any commercial products or commercial services. I acknowledge that I am a voluntary participant and that I am not and shall not be deemed an employee of California YMCA Youth & Government. By signing below, I hereby waive any and all "moral rights" or *droit morale*, if any, that I may have in connection with my appearance in any filmed or photographed activities.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to California YMCA Youth & Government and it may share them with others and freely assign this release;
- There is no obligation of confidentiality;
- California YMCA Youth & Government shall exclusively own all known or later existing rights to the uses and I agree that the results and proceeds of my participation are and shall be deemed a "work-made-for-hire specially ordered or commissioned by California YMCA Youth & Government under all Copyright Laws for all purposes. In the event any further documents are needed to perfect such ownership shall be promptly executed by me and/or my guardian;
- California YMCA Youth & Government can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me. I confirm that, to the best of my knowledge, any statements I may make during any filming or recording will be true and will not violate or infringe upon any third party's rights.
- I acknowledge and agree that California YMCA Youth & Government shall be under no obligation to actually utilize my appearance in or in connection with any audio-visual material but it may do so in any form or medium.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge California YMCA Youth & Government and its related parties, affiliates, assignees, subsidiaries, partners, distributors, representatives, employees, and those it has given permission to use the above, from any and all claims of every nature, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

TO THE MAXIMUM EXTENT PERMITTED BY LAW, I WAIVE ANY AND ALL RIGHTS I MAY HAVE UNDER SECTION 1542 OF THE CIVIL CODE OF CALIFORNIA, AND EVERY LIKE PROVISION IN ANY FOREIGN JURISDICTION. SECTION 1542 PROVIDES AS FOLLOWS:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

If a dispute arises, the dispute shall be first submitted to mediation and, failing resolution, then to binding arbitration, with both proceedings conducted by JAMS (the Judicial Arbitration and Mediation, Inc.) at 1601 Cloverfield Blvd., Suite 370-South, Santa Monica, California 90404, in compliance with its then published rules. The authority and power of the arbitrator shall be equal to, but shall not exceed, that power vested in the Superior Court of California, County of Los Angeles, applying California law, and any award given and determined by the arbitrator shall, in all respects, conform to existing California law. The arbitrator shall set forth his/her findings of fact and conclusions of law, and shall render an award based thereon.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I represent I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

CALIFORNIA YMCA YOUTH & GOVERNMENT  
1792 Tribute Road, Suite 480  
Sacramento, CA 95815  
916.287.9622