



**Guest Information (Please Print)**

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

Name: \_\_\_\_\_  Male  Female

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

City/State/Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

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

Emergency Contact Telephone: \_\_\_\_\_

**Check this box**

Please keep me informed about Ministry Opportunities at Head Waters Lodge.

Why are you here?  Guest  Work Crew

**Please Read Carefully:**

In consideration of being permitted to attend and/or participate in programs offered at Head Waters Lodge, I agree that I will not hold Youth Development, Inc., or their staff, agents, representatives, volunteers, or others acting on behalf of Youth Development Inc., responsible for any accidents, injuries, death or damages or losses of any kind which may arise out of my attendance at and /or participation in this program, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such event by or at the request of Youth Development Inc., its staff, agents, representatives, or volunteers.

I hereby authorize Youth Development Inc. or the adult staff member or volunteer designated by Youth Development to consent on my behalf to emergency medical, surgical or dental examination or treatment in ht e event that such care is required. I understand that I will be responsible for payments of all emergency medical expenses incurred by or on my behalf.

I further hereby authorize physicians and emergency medical personal to provide medical attention and treatment, which they, in their medical Judgment, deem reasonably necessary for my emergency on behalf of Youth Development, Inc., or as volunteers in connection with event, libel for any negligence, or any actions or omissions, relating to any illness, injury or death, and absolve them from all such liability.

Name (Please Print)

Signature

Date

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