



12th Youth Leadership Training Camp 2011

Waiver Form

PERSONAL & HEALTH INFORMATION

First Name:	Last Name:	Health Card #:
Emergency Contact Person:		Relationship:
Emergency Contact Phone #: (Cell)		(Home)

Physical Injuries (Prior/Current): <input type="checkbox"/> YES <input type="checkbox"/> NO Pls. specify _____ _____	Dietary Concerns <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others: Pls. specify _____ _____	Allergic Reactions <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Environmental: Pls. specify _____ <input type="checkbox"/> Nuts: Pls. specify _____ <input type="checkbox"/> Food: Pls. specify _____ <input type="checkbox"/> Others: Pls. specify _____
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MEDICATION INFORMATION

Are you currently on medications? YES NO

Please list any medication, time they are taken, dosage, and purpose:

Medication	Time	Dosage	Purpose

LIABILITY WAIVER

I/We _____ agree to follow all safety advice and precautions set forth by Across U-hub and their agents during my participation in activities and events at the 12th Youth Leadership Training Camp from September 02, 2011 to September 05, 2011. I/We authorize Across U-hub and/or his appointee, in the event of accident, injury, or illness, to authorize all medical and other procedures, including admission to hospital and all other necessary treatment. Such action is to be taken only when emergency contact cannot be made.

I/We further agree not to hold Across U-hub, their Board members, committee members, staffs and volunteers liable for damages, losses and injuries during the Leadership Training Camp.

I/We acknowledge that my image may be recorded (by video or photograph). I understand and am giving permission for Across U-hub to use my name and image in broadcasts, newspapers, website images, program highlights, promotional materials and other media without compensation.

I/We hereby give authority to transmit health information for the purpose of sharing the health information provided with health care professionals, necessary institutions, Across U-hub staffs. I/We acknowledge that my health information is accurate at this time and that I am responsible for updating this form and sending it back to Across U-hub should changes occur.

Participant's Signature _____ Date _____

If you are under 18, please also have your parent / guardian to complete the following:

I consent to the participation of the above named and likewise release Across U-hub from any liability for such participation.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name _____ (Please PRINT)

Parent/Guardian's Email _____ Phone _____

PLEASE RETURN THIS FORM TO ACROSS U-HUB NO LATER THAN AUGUST 08, 2011