

CAROLINAS BROYHILL YOUTH DEVELOPMENT RETREAT FOR GIRLS

INSURANCE RELEASE FORM

Student participation in the **CAROLINAS BROYHILL YOUTH DEVELOPMENT RETREAT (CBYDR)** requires the agreement of the student, the student's parent(s) / legal custodian, and the child caring agency having physical custody. No one will be allowed to participate without a signed **INSURANCE RELEASE FORM**.

1. Parent's / Legal Custodian's / Child Caring Agency's agreement for student to attend CBYDR

We, the undersigned parent(s) / legal custodian and child caring agency having physical custody of:

Print student's full name

hereby give our full consent and approval for above-named student to attend the Carolinas Broyhill Youth Development Retreat (CBYDR) to be held at Gardner-Webb University in Boiling Springs, NC, July 7-10, 2023

- We understand above-named student will be under the supervision of the CBYDR Director and Staff during this time and we understand the staff to student ratio for the Retreat.
- We hereby acknowledge that we have been advised and understand there is no liability or responsibility of any nature for this event and attendance is voluntary. We also recognize all normal precautions and actions will be taken to provide normal and reasonable safety and protection during this event.
- **We agree above-named student must abide by all rules and regulations governing this event and should she be found in violation of any rules or regulations, she may be sent home immediately at the expense of the child caring agency.** We further understand that every effort will be made to contact the child caring agency should such action become necessary.
- We understand transportation to and from CBYDR is the responsibility of the student/applying agency.

The Broyhill Leadership Conference; The Carolinas Broyhill Youth Development Retreat (CBYDR); The Tomorrow's America Foundation; the CBYDR Director, Staff, Counselors, Support and Resource Staff, Adult Chaperones, Sponsoring Organizations or Corporations; and the Facility Owners and Operators will not assume responsibility for any injury incurred during this retreat.

Agency Contact Person _____ Agency Phone _____

Work Phone _____ Ext: _____ Cell _____

Email _____

Having read and understood the above **PARENTS' / LEGAL CUSTODIAN'S / CHILD CARING AGENCY'S AGREEMENT FOR STUDENT TO ATTEND THE CAROLINAS BROYHILL YOUTH DEVELOPMENT RETREAT (CBYDR)**, we hereby give our full consent for the above-named student to attend CBYDR. We release the Broyhill Leadership Conference; the Carolinas Broyhill Youth Development Retreat; the Tomorrow's America Foundation; the CBYDR Director, Staff, Counselors, Support and Resource Staff, Adult Chaperones; Sponsoring Organizations; Sponsoring Corporations; and Facility Owners and Operators from any liability whatsoever.

Print - Student's Parent(s) Name	Signature of Student's Parent(s)	Date
Print - Name of Legal Custodian	Signature of Representative	Date
Print - Name of Child Caring Agency	Signature of Chief Executive Officer	Date

2. Permission for Medical Treatment

AUTHORITY: I, _____ (name), certify I have legal authority to sign this **Permission for Medical Treatment** for _____ (student's name).

My relationship to the above-named student is: _____ **Self** _____ **Parent** _____ **Legal Custodian**

PERMISSION: In case of emergency requiring medical treatment for the above-named student, I hereby give consent for a licensed doctor or physician to treat the student. The student may be admitted to a hospital for emergency treatment.

Printed Name of person with legal authority to sign Medical Permission

Signature

Date

PAYMENT: Any indebtedness incurred for treatment of the above-named student will be assumed by:

Name: _____

Address: _____

Relationship to student: _____ Self, student who is age 18 or older _____ Student's parent(s)
 _____ Child Caring Agency having physical custody _____ Student's Legal Custodian

INSURANCE: The above-named student is covered by the following insurance:

Name of Insurance Company _____

Agent/Group Number: _____

Policy Number: _____

Social Security#: Policy Holder: _____

SSN#: Student _____

MEDICAID: The above-named student is certified for **Medicaid** coverage: _____ **No** _____ **Yes** (complete below)

Medicaid Number: _____

Notice: For any student covered by Medicaid, Department of Social Services cannot assume financial responsibility beyond Medicaid coverage. Provider must call contact person named on the front of form to receive prior approval for treatment.

Submit this form as well as a copy of student's Medicaid Card using one of the methods below:

Upload: www.broyhill-leadership.org/carolinas-broyhill-youth-development-retreat/apply-now/

Email: cbydr@broyhill-leadership.org