

ROTARY YOUTH LEADERSHIP AWARDS (RYLA)  
WAIVER AND MEDICAL AUTHORIZATION  
For Counselor/Assistant Counselor

I, \_\_\_\_\_, being of lawful age, do hereby consent to participate in the Rotary Youth Leadership Awards Camp (referred to as Camp RYLA) sponsored by the Rotary International District 5770, and in consideration of participation in this event and on behalf of myself, my heirs and representatives, I agree to fully and forever release, discharge, indemnify and hold harmless Camp RYLA, Rotary District 5770, Goddard Youth Camp, their agents, representatives, servants, employees or invitees from any and all claims, demands, damages, causes or rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of participation in such Camp RYLA.

IN THE EVENT I BECOME INCAPACITATED OR DISABLED TO THE EXTENT THAT I AM UNABLE TO MAKE WELL-REASONED DECISIONS, I FURTHER AUTHORIZE THE CAMP DIRECTOR, THE RYLA CAMP NURSE IN ATTENDANCE, OR ANY OTHER ADULT STAFF MEMBER TO GIVE ALL NECESSARY CONSENT FOR ANY NECESSARY MEDICAL TREATMENT, INCLUDING DOCTOR'S CARE OR HOSPITALIZATION OR BOTH TO THE SAME EXTENT AS I COULD IF I WERE NOT INCAPACITATED OR DISABLED, THAT MAY BE REQUIRED BY MYSELF WHILE IN ATTENDANCE AT THIS CAMP, AND AGREE THAT SAID MEDICAL EXPENSES WILL BE INCURRED IN MY BEHALF AND I AGREE TO PAY THE SAME. **A COPY OF MY HEALTH INSURANCE CARD IS ATTACHED.**

I also acknowledge that I have notified the Camp Personnel of any special medical needs or information (see attached) required by myself. I further state that I know of no medical or physical conditions which would prevent me from fully participating in the camp activities.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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