

**INTERNATIONAL CENTERS FOR SPIRITUAL LIVING
YOUTH SEMINAR PROGRAM**

No or Non-Health Insurance Disclosure Agreement

This executed document required for any minor attending International Centers for Spiritual Living Youth Seminars (known as ICLS Youth Seminars) with no health insurance coverage.

When deemed reasonably necessary, I, as parent and/or Legal Guardian of said minor, authorize contacting a medical professional and/or providing other necessary medical services to said minor.

I fully understand that I shall be notified as soon as possible in case of an emergency, but I agree that ICSL Youth Seminar Program and it's leadership has my complete consent and permission to obtain medical care as deemed necessary for said minor. I hereby hold harmless and release liability to ICSL Youth Seminar Program, its employees, representatives, and staff for any medical expenses incurred by said minor.

I hereby agree and accept full responsibility for any and all costs related to such medical treatment, resulting from having insurance coverage for said minor at this time.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Name of Minor attending ICSL Youth Seminar