

RELEASE / ASSUMPTION OF RISK / HOLD HARMLESS FORM

Release: The undersigned, in consideration of being permitted to participate in the Athens Y Camps Adventure Program, for educational purposes does hereby irrevocably, personally and for his or her heirs, assigns and legal representatives, release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future have against the Athens YMCA, the Athens Y Camps, their members, representatives, officers, agents, employees, and each of them, for any and all past, present or future loss of or damage to property, and /or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with the aforementioned course for educational purposes.

Hold Harmless / Indemnify: The undersigned covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, resulting from, arising out of or in any way connected with the sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now or in the future may be asserted against the aforesaid parties arising out of or by reason of said course described above, including any injury, loss or damage that might occur at any place in connection therewith. Risk include but are not limited to the following: stumbling while walking, bumping into objects, bumping into other people, tripping and falling, or hitting ones' head, fractures, dislocations, sprains, contusions, cuts, abrasions, sunburn, lightning, insect bites, bee sting, psychological stress, jumping related injuries, swinging related injuries, eye injuries, nose injuries, face injuries, hand injuries, finger injuries, finger nail injuries, toe injuries, toe nail injuries, foot and ankle injuries, lower leg injuries, mid leg injuries, upper leg injuries, thigh injuries, abdominal injuries, pelvic injuries, genital injuries, rib injuries, sternum injuries, throat injuries, neck injuries, breast injuries, hair getting caught or pulled, ear injuries...

Assumption of Risk: The undersigned further states and affirms that he or she is aware of the fact that the aforesaid course, even under the safest conditions possible, may be hazardous; that he or she assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, resulting from, arising out of or in any way connected with the aforementioned course; that he or she is of legal age and is competent to sign this Waiver of Claims and Release from Liability; and that he or she had read and understands all of the provisions herein contained.

Dated _____ , _____.

Signed _____ (Participant Signature)

NOTE: (Parent or Guardian Signature). If Participant is under 18 years of age, this form must be signed by the Participant and by the parent or guardian)

Signed _____ (Parent or Guardian Signature)

MEDICAL INFORMATION

The information requested below is private data. This data will only be used in the event of an emergency where medical treatment is needed. You may refuse to supply the requested information; however, failure to provide the data will hamper the giving of emergency medical treatment.

NAME _____ PHONE _____

ADDRESS _____

AGE _____ HEIGHT _____ WEIGHT _____

CONTACT PERSON IN EMERGENCY _____

PHONE #'S _____

ADDRESS _____

RELATIONSHIP TO YOU _____

HEALTH HISTORY (Describe condition/treatment, where possible):

Allergies (e.g. insect stings, drugs, etc.)

Recent injuries, illnesses, operations:

Other physical disabilities or chronic conditions (e.g. poor eyes)

Emotional or behavioral disorders (e.g. phobias)

I, the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The sponsoring agency will be notified of any changes in the applicant's health status prior to trip or program departure or date. I realize that unforeseen hazards may exist because of natural occurrences beyond the control of the instructors.

I declare the statements on this form to be true.

Signature _____ **Date** _____
(parent or guardian or minor applicant under eighteen)