



Jewish Council for Youth Services (JCYS)
High Sierra Adventure Center
P.O. Box 297 Ingleside, IL 60041
PH: 847-740-5010 Fax: 847-740-5014

Assumption of Risk & Waiver Agreement

The JCYS – High Sierra Adventure Centre (HSAC) program embraces a “Challenge of Choice” philosophy. This enables the participant to choose his or her level of participation. When working outdoors and leading physical activities, safety is our main concern. We will regularly discuss basic rules of safety and provide the special organization, supervision, instruction, and equipment needed to participate safely in course activities. Activities may include reliance on others or equipment, climbing over obstacles, walking on cable bridges, climbing to 50 feet on the high ropes or riding the Zip Line.

In order to participate in the JCYS-HSAC Program this waiver must be signed by the participant and parent/guardian. By signing this Agreement, the participant and guardian accepts that there are inherent risks and hazards in adventure programming and agree to assume all risks and not to hold JCYS liable for accidents, injury and/or death. These Programs by nature may be physically strenuous and psychologically demanding and require participants to be in good physical condition. Therefore, all participants must inform HSAC Staff of any symptom or condition, which they believe, may affect their performance or ability, or be free of medical or physical conditions, which might create undue risk to themselves or others who depend upon them.

The participant and parent/guardian understand the participant will be engaging in activities that involve periods of physical exertion, balancing, heights (up to 50’ on the High Ropes Course), lifting, pushing, pulling, and climbing. The participants and parent/guardian also understand most activities will be outdoors where he/she will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possibly exposure to extreme inclement weather. The participant and parent/guardian also fully understand that his/her physical activity involves risk of injury, also that the risks may include loss or damage to personal property, physical injury and/or death.

The participant and parent/guardian also understands and agrees to exercise good personal judgment, to ask for help if he/she is concerned about their safety. The participant also has to realize that failure to communicate that information could result in serious harm to other participants as well as themselves. The participant also must state that they are not under, and will not be under then influence of any chemical substance including alcohol.

The participant and parent/guardian also understands and agrees to comply with safety instructions given and to be responsible for their personal safety and well being. The participant and parent/guardian also understands that all possible precautions are taken to ensure that all programs and activities sponsored by JCYS are conducted in a safe and responsible manner. The participant will voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises.

MY/OUR SIGNATURE(S) AT THE BOTTOM OF THIS PAGE INDICATE THAT I/WE HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE INFORMATION ABOUT THE PROGRAM, INCLUDING THE RISK INVOLVED IN PARTICIPATING IN THE PROGRAM AND I EXPRESSLY ASSUME ALL SUCH RISKS. I/WE HAVE ACCEPTED ALL RESPONSIBILTY FOR VERIFYING THE PARTICIPANT’S PERSONAL HEALTH AND MEDICAL HISTORY AND REPRESENT THAT THE PARTICIPANT HAS NO PHYSICAL OR PSYCHOLOGICAL PROBLMS NOR IS THE PARTICIPANT TAKING ANY SUBSTANCES WHICH WOULD IMPAIR IN ANY WAY TH PARTICIPANT’S ABILITY TO SAFELY PARTICIPATE IN THE PROGRAM. THE PARTICIPANT, AND IF APPROPRIATE HIS OR HER PARENT OR LEGAL GUARDIAN. AUTHORIZES TREATMENT OF THE PARTICIPANT BY LICENSED MEDICAL DOCTOR IN THE EVENT OF AN EMERGENCY.

I hereby consent to participate in the JCYS-HSAC program. I understand that the Jewish Council for Youth Services (JCYS) shall not be responsible for loss of personal property, personal injury or loss of life by participant and herby agree to indemnify and hold harmless JCYS, and all of their other respective directors, officers, agents, servants and employees from and against all claims from such losses or injury, arising out of or resulting from participation in the JCYS-HSAC program. I also give permission to be included in program photos and video for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JCYS websites.

PARTICIPANT’S NAME: _____ (PLEASE PRINT)

Participants Signature

Date Signed

We require the signature of all participants, regardless of age. We require the signature of the participant’s parent or legal guardian for those under the age of 18 or those who are not his or her own legal guardian

Parent/Guardian

Date Signed



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Medical Information

Please Print Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (h) _____ (w) _____ (cell) _____

In case of an emergency, notify: _____ Relationship: _____

Phone (h) _____ (w) _____ (cell) _____

**DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS? IF "YES" EXPLAIN IN DETAIL BELOW.
 PLEASE CONSIDER: THE JCYS-HSAC PROGRAMS TAKE PLACE IN A WOODED AREA, AND SOME ACTIVITIES MAY INVOLVE PHYSICAL EXERTION INCLUDING
 RUNNING, LIFTING AND/OR BALANCING.**

CONDITION	YES	NO	CONDITION	YES	NO
1. Back Injury/ Abnormality			12. Asthma		
2. Heart Condition			13. Wear Eye glasses		
3. High/Low Blood Pressure			14. Diabetes		
4. Blood Related Illness			15. Emotional Difficulties		
5. Seizure/ Epilepsy or Blackouts			16. Do you have any fears or phobias?		
6. Head Injury			17. Nervous Disorder		
7. Fractures/ Broken Bones (last 2 years)			18. Muscle/ Joint Problems		
8. Hernia			19. Dietary Issues		
9. Pregnancy (due date)			20. Drug/ Alcoholism addiction/ dependency		
10. Kidney Disorder			21. Allergies		
11. Do you have any disabilities?			22. Surgery/ Hospitalization (last 2 years)		

Please explain any "YES" answers, noting the numbers of items. Please list any method used to treat or control the condition.

Are you currently taking any medication that may effect your participation in the JCYS-HSAC Program?

Has your doctor limited your activity in any way related to any condition?

Are there any other issues or items that we need to know to help us ensure you have a safe, fun and enjoyable time while participating?

I/we have answered the above questions accurately and completely. I/we believe that the participant is in good health, and I/we affirm that the participant's participation in JCYS-HSAC Program will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice. The staff at JCYS-HSAC have the permission to seek and administer appropriate medical and emergency care for the participant in the event that the health and well being of the participant is at risk.

PARTICIPANT'S NAME: _____

(PLEASE PREINT)

Participant's Signature

Date Signed

We require the signature of all participants, regardless of age. We require the signature of the participant's parent or legal guardian for those under the age of 18 or those who are not his or her own legal guardian

Parent/Guardian

Date Signed

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