



Camp Hazen YMCA

204 West Main St, Chester, CT 06412

Tel: 860.526.9529 Fax: 860.526.9520

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Phone: _____
 Address: _____
 Medical Insurance Policy No.: _____
 Insurance Company: _____
 Name of Insured: _____

In case of emergency while I am at Camp Hazen YMCA, please contact:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Relationship to participant: _____

Are you a vegetarian? YES NO

Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event? YES NO

Taking any current medications? YES NO

Any heart problems or heart medication? YES NO

Do you have high blood pressure? YES NO

Do you have any allergies (food, bees, insects), reactions to medications or physical limitations? YES NO

Do you foresee any problem participating in the upcoming activities due to lack of physical exercise? YES NO

Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:

I hereby grant Camp Hazen YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Hazen YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

➔ Signature of Participant*: _____ Date: _____

**If participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____

INFORMED CONSENT/LIABILITY RELEASE

• I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.

• I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.

• I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.

• I authorize the YMCA to have and use photographs, slides and videotapes of the person named above as needed for its records and public relations programs.

• I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

➔ Signature of Participant*: _____ Date: _____

**If participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____