

Youth SHAPE Multi-Sport Camp

SKYHIGH Adventures LLC / Multi-Sport Life Triathlon Club

Medical and Emergency Information Form

Please complete this entire form accurately and sign the emergency medical treatment authorization below.

Name (First)	(Last)	Male / Female	DOB	Age
Address		City	State	Zip Code
Father's Name	Occupation	Work Hours	Phone Home: Work: Cell: E-mail:	
Mother's Name	Occupation	Work Hours	Phone Home: Work: Cell: E-mail:	
<u>EMERGENCY CONTACTS:</u> In the event of an emergency, persons to be contacted if guardians cannot be reached.				
Emergency Contact #1:		Relationship	Phone Home: Work: Cell:	
Emergency Contact #2:		Relationship	Phone Home: Work: Cell:	
<u>Physician / Hospital Preference:</u> Please indicate below your child's physician and if you have a hospital preference in case of an emergency. In some cases we may need to secure the closest medical facilities.				
Physician Name & Phone			Hospital Preference	
<u>Medical Information:</u> List any physical disabilities, medical diagnoses, or behavioral problems which may impact your child's participation and performance in the Multi-Sport Camp; i.e. asthma, allergies (bee stings, food...), diabetes, past injuries, recent medical concerns, hyperactivity, attention deficit, etc.: _____				
<u>Medications:</u> List any medications your child is taking, including dosage and times: _____				
PLEASE NOTE: No medication will be administered at the multi-sport camp without written physician authorization.				
Insurance Information: Insurance Carrier: _____ Policy # _____				
Group # _____ Policy Holder Name : _____ Ins Phone _____				

MEDICAL EMERGENCY TREATMENT AUTHORIZATION: In the event of a medical emergency, I understand that every effort will be made to contact guardians of a multi-sport camper.
 In the event that I cannot be reached; I hereby give permission to the physician selected by the SKYHIGH Adventures LLC staff member, to hospitalize, or secure proper treatment for my child, as named on this authorization.

PARENT/ GUARDIAN SIGNATURE(S) _____ **Date** _____

PARENT/ GUARDIAN SIGNATURE(S) _____ **Date** _____

SKYHIGH Adventures LLC/ Multi-Sport Life Triathlon Club

322 Methodist Farm Road, Averill Park, NY 12018

(518)674-0369

Last Name _____ First Name _____

Middle Initial _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian (if under 18 years old)

Last Name _____ First Name _____

Middle Initial _____

Relationship _____

Home Phone _____

Work Phone _____

Emergency Contact

Last Name _____ First Name _____

Middle Initial _____

Relationship _____

Home Phone _____

Work Phone _____

READ THIS CAREFULLY before signing and initialing all appropriate spaces.

By signing this agreement, you give up the right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or your death however caused arising out of your use of any facilities, equipment or participation in activities organized by SKYHIGH Adventures LLC. There are significant elements of risk inherent in any multi-sport or adventure program. This is a legally binding agreement. Initial:_____, Guardian Initial:_____

Acknowledgment of Risk:

I _____ hereby acknowledge and agree that adventure programs (print participant's name & guardian's name if under 18) involving swimming, running, rock climbing, caving, ropes courses, hiking, biking, canoeing, rafting, skiing, snowboarding, skateboarding and other experiential education activities have inherent risks, and that there are significant risks involved in all aspects of those activities, whether indoors or outdoors. I further acknowledge and agree that those risks include but are not limited to:

- FALLS THAT CAN RESULT IN SERIOUS INJURY OR DEATH
- ALL MANNER OF INJURY FROM HITTING PROJECTIONS, PERMANENTLY OR TEMPORARY IN PLACE, OR ON THE GROUND
- INJURIES RESULTING FROM BEING HIT BY FALLING ROCKS, PEOPLE, DROPPED EQUIPMENT AND OTHER ITEMS
- CUTS, ABRASIONS AND OTHER WOUNDS RESULTING FROM PARTICIPATION IN MULTI-SPORT ACTIVITIES
- FAILURE OF EQUIPMENT OF ANY KIND, INCLUDING, BUT NOT LIMITED TO ROPES, HARNESSSES, BIKES, BINDINGS
- FURTHER ACKNOWLEDGE THAT THE ABOVE LIST IS NOT INCLUSIVE OF ALL POSSIBLE RISKS ASSOCIATED WITH THE PARTICIPATION IN ADVENTURE ACTIVITIES

I HAVE FULLY READ AND UNDERSTAND THE ABOVE. Initial:_____ Guardian Initial:_____

SKYHIGH Adventures LLC/ Multi-Sport Life Triathlon Club

Release of Liability / Indemnification and Covenant Not to Sue

I (print participants name & guardian name if under 18) _____ ,
the undersigned user and or guardian, agree that I will not sue or otherwise make any claim against SKYHIGH Adventures LLC or its employees, officers, agents, or contractors for injury or damage resulting from negligence or other acts, however caused by any employee, agent, or contractor of SKYHIGH Adventures LLC as a result of participation in adventure activities including but not limited to rock climbing, caving, ropes courses, hiking, mountain biking, canoeing, rafting, skiing, snowboarding, skateboarding and other multi-sport, adventure or experiential education activities.

Initial: _____, Guardian Initial: _____

I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, I do hereby release SKYHIGH Adventures LLC, its employees, officers, agents, or contractors from any cause of action, claims or demands of any nature whatsoever, including, but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns, may now have, or have in the future against SKYHIGH Adventures LLC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way resulting from my participating in multi-sport or adventure programs, including, but not limited to swimming, biking, running, rock climbing, caving, ropes courses, hiking, mountain biking, canoeing, rafting, skiing, snowboarding, skateboarding and other experiential education activities, whether that participation is supervised or unsupervised, however the injury or damage is caused including but not limited to, the negligence of SKYHIGH Adventures LLC, its officers, agents, and employees. Initial: _____, Guardian Initial: _____

In consideration of my participation in multi-sport and adventure programs, I the undersigned users agree to INDEMNIFY AND HOLD HARMLESS SKYHIGH Adventures LLC, its officers, agents, employees and contractors from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way relating to my participation in SKYHIGH Adventure LLC activities.

Initial: _____ Guardian Initial: _____

I hereby certify that I am over eighteen years of age. If I am not over eighteen years of age, my parent or legal guardian has also read, initialed and signed this release. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and SKYHIGH Adventures LLC and its agents, and I sign it of my own free will. Initial: _____, Guardian Initial: _____

Signature of Participant

Participant's name (clearly printed)

Parent/Legal Guardian Signature, if participant is under 18 years of age

Parent/ Legal Guardian's name (clearly printed)

Witness Signature

Witness name printed

Today's Date

Youth SHAPE Multi-Sport Program SKYHIGH Adventures LLC Multi-Sport Life Triathlon Club

Photographic Images Release Form

I hereby give SKYHIGH Adventures LLC and its Staff permission to photograph and/or videotape my child while engaged in any sanctioned SHAPE activity during my child's attendance in the Youth SHAPE Multi-Sport Program. I further grant SKYHIGH Adventures LLC permission to use said photographs in future advertisements, websites, promotions or news articles regarding Youth SHAPE Multi-Sport Programs.

Child's Name _____

Program Session(s): _____

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

Permission to Transport Minors

I hereby give the staff of SKYHIGH Adventures LLC and SHAPE permission to transport my child _____ to and from the SKYHIGH Adventure Center or other activity sites if necessary. All SHAPE staff members are licensed drivers with clean driving records. All riders in the vehicle are required to wear seat belts and to follow all instructions from the driver. Children under the age of 12 are required to ride in the back seat of the vehicle.

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____