

YOUTH SERVICES OF ELK GROVE TOWNSHIP THE CHALLENGE PROGRAM

PARTICIPANT AGREEMENT, MEDICAL RELEASE AND RELEASE OF LIABILITY

Participant's Name: _____ (please print)

Parent/Guardian's Name (if minor): _____ (please print)

Participant's Date of Birth: _____ Age: _____ Sex: M F

Address/City/State/Zip: _____

Phone:

Home: _____

Work: _____

Cell: _____

eMail Address: _____

Emergency Contact _____

Phone _____ Relationship _____

FAMILY PHYSICIAN: _____

PHYSICIAN'S PHONE #: _____

Any relevant Medical Conditions and/or Allergies: Yes No

If Yes, please indicate:

My Child Requires the use of an Epi-pen: Yes No

My Child Requires the use of an Inhaler: Yes No

PARENTAL PERMISSION TO PARTICIPATE-ASSUMPTION OF RISK

I, (Parents name) _____, as legal guardian, consent and grant permission for (child's name) _____ to participate in Youth Services of Elk Grove Township's Team Building. I recognize and acknowledge that there are certain risks of physical injury to participants in the Challenge Program, and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that my minor/ward or I may sustain as a result of participating in any and all activities connected with or associated with the Elk Grove Township Challenge Program.

I further agree to waive and relinquish all claims I or my minor child/ward may give (or which accrue to me or my child/ward) as a result of participating in this program/activity against Elk Grove Township, including its officials, agents, volunteers, and employees.

I do hereby fully release and forever discharge Elk Grove Township from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the Elk Grove Township Challenge Program.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims.

PHOTOGRAPH GROUP ACTIVITIES

On occasion, staff may photograph or videotape participants in the Challenge Program. These photos and videotapes are for Elk Grove Township use only.

PARTICIPANT SIGNATURE (Minors must sign) DATE

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE DATE
(Required if Participant is under 18 years of age)
This consent is valid for 12 months from the date of signatures.