

Youth S.H.A.P.E. Multi-Sport Program

Sky High Adventure Program Experience

SKYHIGHadventures LLC

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:	
Name of Employer:			E-mail:	
Mother's Name	Occupation	Work Hours	Phone Home: Work: Cell:	
Name of Employer:			E-mail:	
EMERGENCY CONTACTS: 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:	
Physician / Hospital Preference: 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	
Medical Information: 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.: _____				
Is there any condition that you are aware of that would prevent your child from safely participating in camp activities? _____				
Medications: 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 Sky High Adventures 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 _____	

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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 S.H.A.P.E. activity during my child's attendance in the 2007 Youth S.H.A.P.E. Multi-Sport Program. I further grant Sky High Adventures LLC permission to use said photographs in future advertisements, websites, promotions or news articles regarding Youth S.H.A.P.E. Multi-Sport Programs.

Child's Name _____

Program Session(s):

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

SKYHIGH Adventures LLC Permission to Transport Minors

S.H.A.P.E.

I hereby give the staff of SKYHIGH Adventures LLC and S.H.A.P.E. Staff permission to transport my child

to and from the Sky High Adventure Center or other activity sites if necessary. All S.H.A.P.E. 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's Signature _____ Date _____

Parent's Printed Name _____

SKYHIGH Adventures LLC

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: _____, Initial: _____
Participant Guardian

SKYHIGH Adventures LLC

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 user 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

Please be sure to also complete the USA Triathlon Waiver and forms available at www.USATriathlon.org and bring your membership card and number with you to SHAPE Orientation.