



**PARTICIPANT HEALTH QUESTIONNAIRE
AND LIABILITY WAIVER**

Rrgcug't gwt p'vj ku'ltqto 'vq'f'qwt 'i tqwr 'hgcg'gt 'qt 'uej qqr0'Pq'f cvc 'ku'lij ct gf 'y'kj 'cpl 'gpkof 'qt 'eqngevgf 'lqt 'cpl 'qyj gt 'rwt r qug0'

Full Name: _____

Group Name: NESI Age if under 18: _____ Birth Date if under 18: _____
I tqwr 'qt 'Uej qqr0'Pco g"

Home Address: _____
Number Street City State Zip

	Emergency Contact 1 <i>Kpf kecvg'ktr gt uqp'ku'cnuq'cv'P'GUK</i>	Emergency Contact 2
Full Name		
Relationship to Participant		
Emergency Phone Number		

P'GUK/Cml{ qw'et g't gs wlt gf 'vq'f q'lt qo 'j gt g'lp'ku'li p'lp'4't megu'lp'r ci g'4

Qrvkpcn'

Y g'ct g'eqngevpi 'vj ku'lp'ltqto cvkqp 'vq'ko rtqxx'qwt 'rtqi tco u'cpl 'vq'o emg'lmw g'vj cv'y g'qllgt 'ugt xkegu'vq'cn0'Y g'ct g'pqr'v'q'q'kpi 'cv'kpf kxlf wcn'r ct v'krcpv'f'cvc. 'dw'ct g' eqngevpi 'k'v'qi gj gt 'vq'wug'lp'ci i tgi cvg0'Qwt 'i qcnlku'vq'v'wp'rtqi tco u'vj cv'igt'xg'ewmqo gt u'y j q't grt g'ugpv'vj g'f'kxgt'ukof 'qllvj g'pqt'vj /gcw'Wp'kxgf 'Uc'v'gu0'

Participant's Gender: _____

Primary Language at Home: _____ Is the participant of Hispanic or Latino origin? Yes No

Please indicate which of the following best describes the participant's race or ethnicity:

- Black or African American
- White or Caucasian
- Native American or American Indian
- Pacific Islander
- Asian
- Prefer not to answer or other

HEALTH QUESTIONNAIRE

Tgs'wlt gf'''

Y g'y kn'lp'rt' wug'vj g'o gf'kecn'lp'w'cpe'g'lp'ltqto cvkqp'lp'vj g'ecug'qll'cp'go gti gpe'0

1. Do you have any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by participation? Yes No
2. Are you currently taking any medication? Yes No
3. Do you have any heart problems or take heart medication? Yes No
4. Have you been pressured or coerced from employer or others to participate? Yes No
5. Do you have high blood pressure? Yes No
6. Do you foresee any problem participating due to a lack of physical exercise? Yes No
7. Do you have any allergies (food, bees, insects), reactions to medications, or physical limitations? Yes No
8. Do you weigh over 250 pounds? Yes No

Please list any allergies: _____

Please indicate any health history/problems you feel BCCYMCA should be aware of:

Medical Insurance Policy No. _____ Insurance Company _____

Name of Insured: _____ Insured's Employer: _____

LIABILITY WAIVER AND CONSENT

Required

UNDER 18 PARTICIPANTS

Emergency Treatment Authorization

My signature authorizes the management and staff of BCCYMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless BCCYMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at BCCYMCA and /or while using any facilities of, or participating in any of the activities of BCCYMCA. I/we grant permission for emergency medical treatment and/or routine medical care by the BCCYMCA staff, 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 the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases BCCYMCA from any and all liability and/or financial responsibility for any medical expenses incurred.

Signature of Parent/Guardian

Date

ALL PARTICIPANTS

Participant Program Agreement

I am aware and understand that participating in any BCCYMCA programs involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own 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 further state that, in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold BCCYMCA, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should BCCYMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold BCCYMCA harmless for all such fees and costs. This release does not apply to any physical injury or emotional harm caused by negligence or willful misconduct of BCCYMCA, its employees, instructors, facilitators and agents.

"I have had sufficient opportunity to read this entire document. I have read and understand it, and agree to be bound by its terms. I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate. I certify that I have adequate insurance to bear any additional cost of such injury or damage."

Signature of Participant if over 18

*Signature of Parent/Guardian if participant is under age of 18

Date

ALL PARTICIPANTS

Release of Liability

SECTION C - RELEASE OF LIABILITY FOR PARTICIPANTS

As a participant and/or parent/guardian of a participant in a Berkshire Outdoor Center program, I understand and acknowledge that certain elements of the Berkshire Outdoor Center program can be physically, mentally, socially and emotionally demanding. I elect to (or allow my child to) participate in Berkshire Outdoor Center programs in spite of and with full knowledge of the inherent risks. I understand that BCCYMCA is not responsible for personal items that are lost, stolen or damaged as the result of participation or attendance. I recognize that BCCYMCA will make every reasonable effort to minimize exposure to known risks associated with the program. However, all hazards associated with the program cannot be foreseen, and decisions are made that are imprecise and subject to errors in judgment. The burden of responsibility does not rest solely on the staff. I agree to take responsibility for my own safety, and will make good decisions and use sound judgment. BCCYMCA may use any photos or video of me or my child for public relations purposes and release, including use in videos, brochures and/or on the company website.

It is my express wish that my child or me be permitted to engage in the activities of Berkshire Outdoor Center is I/he/she chooses. I fully understand that even after reasonable precautions have been taken, these activities involve certain inherent dangers and potential hazards to me or my child or ward for which BCCYMCA cannot be held responsible. I agree to waive and release all future claims, demands or causes of action which the undersigned and/or participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless the Two State YMCA, Inc, and Becket-Chimney Corners YMCA, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

Signature of Participant if over 18

*Signature of Parent/Guardian if participant is under age of 18

Date