



**Becket-Chimney Corners YMCA and Alpine Towers, Inc.**  
 748 Hamilton Road, Becket, MA 01223  
 Phone: (413) 623 8991 Fax (413) 623 5890  
 Web: www.bccymca.org



**Health and Liability - Adventure Programs**

*Please complete/sign this form and return it to group leader/student's school – thank you.*

**1. PERSONAL INFORMATION**

Attending with: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Participant's Age: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Street City State Zip

Participant's Medical Insurance Policy #: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

PLEASE PROVIDE 2 EMERGENCY CONTACTS (in the event parent/guardian cannot be reached, this 2<sup>nd</sup> contact will be used)

\*Parent/Guardian: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

\*Parent/Guardian Home Ph: \_\_\_\_\_ \*Parent/Guardian Work Ph: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Emergency Contact Work Ph: \_\_\_\_\_ Emergency Contact Home Ph: \_\_\_\_\_

**2. MEDICAL QUESTIONNAIRE**

**Please read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions that might be aggravated by the event.

**QUESTIONS**

**RESPONSE**

- |  |     |    |
|--|-----|----|
| 1. Any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by the event?                              | Yes | No |
| 2. Taking any current medication?  | Yes | No |
| 3. Any heart problems or heart medication?   | Yes | No |
| 4. Any pressure or coercion from employer or others to participate?  | Yes | No |
| 5. Do you have high blood pressure?  | Yes | No |
| 6. Do you foresee any problem participating in the upcoming adventure programs due to a lack of physical exercise back home? | Yes | No |
| 7. Do you have any allergies (food, bees, insects), reactions to medications, or physical limitation?                        | Yes | No |

Please list allergies: \_\_\_\_\_

Please indicate below any health history/problems you feel the Becket-Chimney Corners YMCA should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

**3. LIABILITY WAIVER AND CONSENT**

Is the participant under 18 years of age?

Yes – complete sections A, B, and C.

No – complete section B and C only.

**SECTION A - EMERGENCY TREATMENT AUTHORIZATION FOR PARTICIPANTS UNDER 18 YEARS OLD**

My signature authorizes the management and staff of the Becket-Chimney Corners YMCA 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 the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of the Becket-Chimney Corners YMCA. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA camp 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 Becket-Chimney Corners YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**SECTION B - PARTICIPANT AGREEMENT FOR ADVENTURE PROGRAMS - LOW ROPES, HIGH ROPES, CLIMBING TOWER AND ALPINE TOWER**

I am aware and understand that participating in any Becket-Chimney Corners YMCA adventure programs, including the ropes course, 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 **Alpine Towers, Inc.** and **Becket-Chimney Corners YMCA**, their employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should Alpine Towers, Inc., Becket-Chimney Corners 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 Alpine Towers, Inc. and Becket-Chimney Corners 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 **Alpine Towers, Inc., Becket-Chimney Corners YMCA**, their 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**SECTION C - RELEASE OF LIABILITY FOR PARTICIPANTS**

As a participant and/or parent/guardian of a participant in the Outdoor Center program, I understand and acknowledge that:

- a) Certain elements of the Outdoor Center program can be physically, mentally, socially and emotionally demanding.
- b) The participant elects to participate in the Outdoor Center program in spite of and with full knowledge of the inherent risks of the Outdoor Center program.
- c) I understand that the Becket-Chimney Corners YMCA is not responsible for personal items that are lost, stolen or damaged as the result of me or my child’s participation in any activity of the Becket-Chimney Corners YMCA.
- d) I recognize that the Becket-Chimney Corners YMCA will make every reasonable effort to minimize exposure to know 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. Participants agree to take responsibility for their own safety, and will make good decisions and use sound judgment.
- e) Becket-Chimney Corners YMCA may use any photos or video of the participant for public relations purposes and release, including use in videos, brochures and/or on our web site.

It is my express wish that my child/ward or me be permitted to engage in the activities of the 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 the YMCA cannot be held responsible.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by the Becket-Chimney Corners YMCA, I/we agree to waive and release all future claims, demands or causes of action which the undersigned and/or such 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/we further agree to indemnify and hold harmless the Two State YMCA, Inc, and the 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**WESTON PUBLIC SCHOOLS**  
**Weston, Connecticut**

**FIELD TRIP MEDICAL COVERAGE FORM**

I give permission for medication to be administered by the approved chaperones and these chaperones have permission to approve emergency medical treatment if the parents cannot be reached.

I also understand that it is my responsibility to provide medical insurance for my son/daughter while on this field trip.

I will not hold the Weston School System or the Town of Weston liable for any accidents occurring outside the appropriately chaperoned areas.

_____ Parent/Guardian Name	_____ Emergency Number
_____ Parent/Guardian Signature	_____ Date

**MEDICAL COVERAGE FORM FOR  
OVERNIGHT OR LONGER FIELD TRIPS**

Any medical problem? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any on-going medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

How administered? \_\_\_\_\_

_____ Doctor's Name	_____ Telephone Number
_____ Parent/Guardian Signature	_____ Date

**WESTON PUBLIC SCHOOLS**  
**Weston, Connecticut**  
**Permission Slip Form**  
**(Both Parent and Athlete Must Sign the Appropriate Lines)**

I give permission for my son to travel as per the attached itinerary for a Weston High School Football Team Field Trip to Becket Chimney Corners YMCA in Becket, Massachusetts.

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I understand that all school rules will be strictly enforced and any violation of those rules can result in the student being sent home at the parent/guardian's expense and that other appropriate disciplinary action may be taken upon the students return to Weston High School (including suspension from school).

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent/Guardian's Signature -

\_\_\_\_\_  
Date

To help insure an enjoyable trip for both student/athletes and coaches, I give permission for my son's bags to be inspected.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

I, the student, understand that all school rules will be strictly enforced and any violation of those rules can result in my being sent home at my parent/guardian's expense and that other appropriate disciplinary action may be taken upon the student's return to Weston High School (including suspension from the football program and school).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date