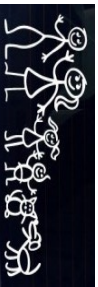


Stamford YSB - Pathfinders Adventures Adventure Program Participant Waiver

Participant Info	<i>Name:</i> _____ <i>Age:</i> _____ <i>Gender:</i> <i>M or F</i>
	<i>Street</i> _____ <i>City</i> _____ <i>Zip Code</i> _____
	<i>School:</i> _____ <i>Grade:</i> _____ <i>Birthday:</i> _____



Household Info	<i>Parent(s) Name (if minor participant):</i> _____
	<i>Home Phone:</i> _____ <i>Work Phone:</i> _____ <i>Cell Phone:</i> _____
	<i>Email Address:</i> _____
	<i>Emergency Contact:</i> _____ <i>Relationship to Participant:</i> _____ <i>Phone:</i> _____
	<i>Emergency Contact:</i> _____ <i>Relationship to Participant:</i> _____ <i>Phone:</i> _____



Participant Medical Info	<i>Insurance Company:</i> _____ <i>Policy #:</i> _____
	<i>Primary Physician:</i> _____ <i>Physician Phone:</i> _____
	<i>Medications:</i> _____
	<i>Medical Problems/Allergies</i> _____



Optional Info: Optional info requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

<u>Ethnicity:</u>
<input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American

<u>Household Type:</u>
<input type="checkbox"/> DCF Guardianship <input type="checkbox"/> Foster Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Joint Custody <input type="checkbox"/> On Own <input type="checkbox"/> Other <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> Step & Birth Parent <input type="checkbox"/> Single Parent (Male) <input type="checkbox"/> Single Parent (Female) <input type="checkbox"/> Two Birth/Adoptive Parents

Office Use Only:
Group: _____
Date: _____

Release of Liability

I understand that part of the Stamford Youth Services Adventure Education and Challenge Course may be physically and emotionally demanding. I affirm that my health or my child's health is adequate and that I or my child are not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Stamford Youth Services Bureau's Adventure Education and Challenge Course Program or Pathfinders Adventure Camp. I recognize the inherent risk of emotional injury and/or serious physical injury, resulting in permanent injury or death, associated with the utilization of and/or participation in the Stamford Youth Services Bureau Adventure Education and Challenge Course Program.

In consideration for the privilege of participating in the Stamford Youth Services bureau Adventure Education and Challenge Course Program, the undersigned hereby agrees that:

1. I FULLY ASSUME FOR MYSELF OR MY CHILD ALL RISKS ASSOCIATED WITH UTILIZATION OF AND PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF DUE TO THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES.

2. I HEREBY RELEASE, AND FURTHER AGREE AND COVENANT THAT I WILL NOT SUE, THE CITY OF STAMFORD, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS AND AGENCIES, INCLUDING STAMFORD'S YOUTH SERVICES BUREAU, ITS STAFF MEMBERS, FROM ALL LIABILITY SHOULD AN INJURY TO ME OR MY CHILD OCCUR DURING PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF CAUSED BY THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES

3. I, FOR MYSELF OR MY CHILD AND FOR MY HEIRS, ASSIGNS, SUCCESSORS, EXECUTORS, ADMINISTRATORS, AND LEGAL REPRESENTATIVES, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF STAMFORD, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS AND AGENCIES, INCLUDING STAMFORD'S YOUTH SERVICES BUREAU, FROM ANY AND ALL CLAIMS, SUITS OR DEMANDS BY ANYONE ARISING FROM MY USE OF OR PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF CAUSED BY THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES.

I certify by my signature that I have read this document carefully understand the risks involved with the participation and wish to continue in my participation. I also give permission for my child/myself to be transported to and from activities. Finally, Stamford's Youth Services bureau may also videotape or take photographs of adventure activities that may be used for promotional purposes.

Participant Signature (Parent if minor)

Date