



JCYS Early Childhood Assumption of Risk & Waiver Agreement

I/We, _____, as parent(s) or legal guardian(s) of the below named minor, hereby give my/our permission for this child or legal ward to participate in a program at Jewish Council for Youth Services (JCYS).

I/We accept that there are inherent risks involved in attending a JCYS program, which risks we expressly assume. I/We have advised JCYS and our health care provider has confirmed that

_____ suffers from various allergies and other conditions as reported in the attached Medical Emergency Action Plan.

I/We acknowledge that while JCYS will endeavor to follow any directions given to it by the health care provider and contained in the Food Allergy Action Plan, I/we are aware that JCYS does not employ a nurse or other health care professional at its centers, and is not required to do so. I/We understand that all reasonable precautions are taken to ensure that all JCYS programs are conducted in a safe and responsible manner. I/We further specifically authorize JCYS and its employees, staff and agents, on my/our behalf and in my/our stead, to administer or attempt to administer to my child (or to allow my child to self-administer) lawfully prescribed medication and health services set forth in the Food Allergy Action Plan.

I/We understand that JCYS shall not be responsible for loss of personal property, personal injury or loss of life by my/our above-mentioned child and hereby agree to assume all risks, current and future, known and unknown, in connection with and arising from my/our above-mentioned child's participation in any JCYS program. I/We hereby forever release and waive any and all claims, causes of action and rights I/we may have as a result of any personal injury, loss of personal property or loss of life I/we may have against, on our own behalf or on behalf of our child or legal ward, JCYS, its directors, officers, agents, servants and employees, and further agree to indemnify, defend and hold harmless JCYS, against any and all such claims that may be brought against it, or its directors, officers, agents, servants and employees as a result of or arising from such losses or injuries, arising out of or resulting from our child or legal ward's participation in any JCYS program.

CHILD'S NAME: _____

(PLEASE PRINT)

Parent's/Guardian's Signature

Date