



# Assumption of Risk & Waiver Agreement

The terms "I," "we," "me," and "my" throughout this document may refer to parents, guardians, program participants, or other visitors associated with the aforementioned individuals.

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 Jewish Council for Youth Services (JCYS) program or programs.

### Acknowledgement of Risk or Injury Possibility

As a participant in these programs, I/we recognize and acknowledge that there are certain risks of physical injury, and I/we agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of my presence in, upon, or about the premises or any facilities or equipment or my participating in any manner, in any and all activities connected with or associated with such activities and involve substantial risks of injury.

### Waiver of Claim for Injury

I/we agree to waive and relinquish any and all claims against the Jewish Council for Youth Services, any and all participating centers, any and all independent contractors, officers, agents, servants and employees of the agency and independent contractors, and any and all other persons and entities of whatever nature that I/we might sustain while in, upon, or about the premises or any facilities or equipment therein, or participating in any JCYS program, without respect to location.

### Release from Liability

I/We do hereby fully release and discharge the Jewish Council for Youth Services and the other released parties from any and all claims for injuries, damages or loss, which I/we may have or which may accrue to me on account of presence in, upon, or about the premises or any facilities or equipment or my participation in any JCYS program.

### Indemnity and Defense

I/We further agree to indemnify, hold harmless and defend, the Jewish Council for Youth Services and any and all other parties from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

### Authorization for Emergency Care and Addressing Special Healthcare Needs

In case of emergency, I/we give my permission for the participant to receive any first aid or medical attention that may be required.

I/We further give my permission for emergency transportation by ambulance or other emergency vehicle, if deemed necessary by emergency responders, at my expense.

I/We have advised JCYS, and our health care provider has confirmed, that the participant listed below suffers from various allergies and/or 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 the nature of these programs for which I/we am/are registering and have read and fully understand this agreement. I/We further understand that any advisement or warnings of the particular risks of these programs that I/we subsequently receive will be incorporated by reference into and become a part of this Agreement.

I/We further expressly agree that this "Assumption of Risk & Waiver Agreement" is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_