



CHESHIRE YMCA & CAMP TAKODAH
"SERVING THE MONADNOCK REGION AND BEYOND"

Individual Waiver and Health Form

The individual hereby, FOR ITSELF, ITS PRINCIPALS, EMPLOYEES, MEMBERS, AND INVITEES, agrees to indemnify and save the Cheshire YMCA, Inc, its officers, directors, and employees harmless from any and all liability arising from the individual's use of Camp Takodah properties, including but not limited to the following: injury or harm to any person occurring within the camp; any injury or damage to any property of the individual or to any property of any third person or group in or on the camp property; any and all suits, claims or demands of any kind or nature by and on behalf of any person, firm, association, trust or corporation arising out of or based upon any incident, occurrence, injury, or damage which shall or may happen in or on the camp property based upon any matter or thing growing out of the condition of the maintenance, repair, alteration, use of the occupation of the camp. The individual agrees to assume responsibility for any damage to the camp property. The individual understands the group guidelines provided and agrees to conduct its use of the camp in accordance with these guidelines.

Group/School Name: _____

Signed:
(Individual) _____

Printed Name: _____

PARENT OR GUARDIAN SIGNATURE

(if under 18 yrs. old) _____

Date: _____

Please return this signed agreement before taking part in any event at YMCA Camp Takodah. Thank You.

CHESHIRE YMCA: Outdoor Education Health Form

Participant Name: _____

Home Address: _____ Phone: _____

***Emergency Contact Information:** _____

Primary Parent/Guardian: _____ Phone 1: _____

Address: _____ Phone 2: _____

Secondary Parent/Guardian: _____ Phone 1: _____

Address: _____ Phone 2: _____

If not available in emergency, contact: _____ Phone 1: _____

Relationship: _____ Address: _____ Phone 2: _____

Is the participant covered by family medical/hospital insurance? YES NO

Cardholders Name: _____ Carrier/Plan name: _____

Group number: _____

Name of family physician: _____ Phone: _____

Name of family Dentist/Orthodontist: _____ Phone: _____

Health History

Are there any physical, emotional, or behavioral issues Camp should be aware of? Recent or ongoing medical treatment?

YES NO If YES (please note below)

Allergies: Describe Reaction and management of the reaction

Restrictions:

Dietary Restrictions: NONE NO RED MEAT NO POULTRY NO DAIRY NO SEAFOOD NO PORK NO EGGS
Describe any restrictions to activity (what cannot be done, necessary limitations or adaptations, and why?)

Medications:

Does the camper require any medications? YES NO If YES (please give details below)

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for medication: _____

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for medication: _____

Parent Authorization: I attest that this health form is accurate and complete, and that the person described herein has permission to participate in all camp activities except as noted by me. If I cannot be reached in an emergency, I hereby grant permission to qualified instructors or other medical personnel to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for use on trips out of camp.

Parent/Guardian Signature: _____ Date: _____

Photo/Media Release

I authorize the reproduction, publication and use by the Cheshire YMCA for promotional, marketing, public relations, or any other purpose, any picture or likeness of my child taken during the YMCA Camp Takodah Programs.

Participant Signature: _____ Date: _____

Name: (Please Print) _____

Parent/Guardian Signature (if under 18 years old): _____