



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

**Individual Waiver and Health Form**

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The individual hereby, FOR ITSELF, ITS PRINCIPALS, EMPLOYEES, MEMBERS, AND INVITEES, agrees to indemnify and save the Takodah 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.

# Takodah YMCA: Outdoor Education Student Health Form

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## \*Emergency Contact Information:

Primary: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Secondary: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

If not available in emergency, contact: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Cardholders Name: \_\_\_\_\_ Carrier/Plan name: \_\_\_\_\_

Group number: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History:

Are there any physical, emotional, or behavioural issues Camp should be aware of?

Recent/Ongoing medical treatment?  YES  NO If YES (please note below)

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

**Allergies:** Describe Reaction and management of the reaction

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

## Restrictions:

Dietary Restrictions:  YES  NO If YES (please give details below)

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

## Medications:

Does the participant 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: \_\_\_\_\_

**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. I hereby grant permission to qualified instructors or other medical personnel to secure and administer treatment, including hospitalization. This completed form may be photocopied for use on trips out of camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo/Media Release

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TAKODAH YMCA: Outdoor Education Adult Health Form

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact (Name/Phone/Relationship) \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

**Participation:** Do you have any disabilities (temporary or permanent) that you or your doctor feel would limit your participation in Takodah's programs?

YES    NO   If YES (please note below)

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

**Allergies:**                      Describe Reaction and management of the reaction

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

**Medications:**

Please list any medication you are currently taking and the conditions they are treating.

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

**Dietary Restrictions:**  YES    NO   If YES (please note below)

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

**Authorization:** I attest that this health form is accurate and complete, and I hereby grant permission to qualified instructors or other medical personnel to secure and administer treatment, including hospitalization, for the above-named person. I understand that failure to answer this questionnaire in a full and comprehensive manner could affect my own safety and the safety of others. I affirm that the information herein is accurate and complete and I accept full responsibility for any loss I suffer arising out of my failure to fully disclose, in this form or otherwise prior to my activity, a pre-existing medical condition. This completed form may be photocopied for use on trips out of camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo/Media Release:** I authorize the reproduction, publication and use by the Takodah 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: \_\_\_\_\_