

If your child is enrolling Crossing the River, please fill out this form. Otherwise, check N/A. N/A _____

Beit Sefer Chadash – Adventure Sunday Consent From and Release of Liability

Adventure Sunday is the team building aspect of Crossing the River. We strive to give our students a chance to challenge themselves and others and begin the spiritual passage of becoming an adult. We create a variety of activities for our students including warm-ups, group problem solving activities, ropes course challenges (both high and low), rock-climbing, rappelling, and overnight camping. As with any activity, accidents can occur. THE LEVEL OF PARTICIPATION IS AT ALL TIME COMPLETELY CHOSEN BY THE INDIVIDUAL. Although the program is geared to individual and group ability, participation in a given activity may involve varying levels of stress and anxiety. Any concerns about safety or the need for more information should be directed to the facilitators immediately. You will be informed about specific safety and activity parameters prior to participation. The Adventure Sunday staff takes all reasonable precautions to ensure students a safe and enjoyable experience.

Students are encouraged to carry health/accident insurance coverage. Certain medical information must be made known to program facilitators so that they are prepared to respond appropriately if need be. This information will be held in strictest confidence. Adventure Sunday staff cannot make medical determinations of your fitness to participate in a program. Only you and your physician can do that. Please complete this form and return with your registration. We must receive it prior to our first Adventure Sunday outing.

Forms must be filled out yearly. Even if you filled out a form last year, please be sure to send in another one.

Participant information:

1. Name: _____

2. Do you have health / accident insurance? Yes No If yes, name company _____

3. Do you have any limiting physical, mental, or emotional conditions (temporary or permanent)? Yes No

If yes, please explain: _____

4. Have you had, or are you currently experiencing:

Dizzy spells, fainting, convulsions, persistent headaches	Yes	No
Shortness of breath or chest pain	Yes	No
Heart, circulatory or blood problems	Yes	No
Back or skeletal problems	Yes	No
Allergies (please specify: _____)	Yes	No
Phobias (please specify: _____)	Yes	No

If you answered yes to any questions in #4 above, please explain: _____

5. Please list any medications you are currently taking. _____

6. Has your physician advised you that you can NOT, or should NOT participate in physical activities at this time without his/her permission? Yes No (answering "yes" to this questions means you cannot participate without a written copy of your physician's permission in our files).

Release of Liability

I understand that parts of Adventure Sunday may be physically demanding. I affirm that I do not have any limitations, which have not been disclosed above. If I am under a physician's medical care for any condition, disclosed or undisclosed, that might endanger my health or that of other participants, I affirm that I have been given approval by this physician to participate in Adventure Sunday and understand the potential risk of injury in Adventure Sunday activities. I understand and acknowledge that Adventure Sunday offers no insurance protection against such risks, makes no claim to do so, and bears no responsibility for any medical expenses that I may

incur. I understand that each participant must assume these risks and any related financial responsibilities resulting from the participation in this program no matter where we are located or what company might be hosting that day. I agree to assume these risks and responsibilities and release Adventure Sunday, Beit Sefer Chadash, Nevei Kodesh, its staff and volunteers from all liability from any injury to me from participation in Adventure Sunday activities.

Participants signature _____

Date _____

Parent/ Guardian (if participant is under 18) _____

Date _____