



Answer the following questions to the best of your ability. A consent form (included) is required to attend the 2017 Women's Retreat.

Allergies: No known allergies.

Allergic to:

Food

Medicine

Environment (please keep in mind that the retreat location)

(Please describe below what you are allergic to and the reaction seen.)

Diet, Nutrition: Eats a regular diet.

Eats a regular vegetarian diet.

Requires special food needs. ***(Please describe.)***

*****Please keep in mind that Camp Henry Horner's kitchen is kept Kosher. If you have any questions about what this includes, please contact EFGC staff.***

Restrictions:

I have reviewed the program and activities of the camp and feel I can participate without restrictions.

I am able to manage my medication and self-administer.

I can participate in daily living activities such as bathing, eating, walking and dressing.

If answered "No" to any of the previous questions, please describe below:



Women's Retreat 2017 Consent & Release

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be signed by the parent/guardian or they will not be allowed to participate in this program or use the facilities or equipment.

PHOTOGRAPHIC RELEASE – In consideration of the furtherance of the purpose of Jewish Council for Youth Services, the Epilepsy Foundation of Greater Chicago and the Epilepsy Foundation of America, I hereby grant permission to the same, their officers, agents, and employees to take photographs or video of me and to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant Jewish Council for Youth Services, the Epilepsy Foundation of Greater Chicago and the Epilepsy Foundation of America the right to use these products.

ACKNOWLEDGEMENT OF RISK OF INJURY CLAUSE – As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

WAIVER OF CLAIM FOR INJURY CLAUSE – I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Jewish Council for Youth Services, Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers,



agents, servants, employees, and affiliates.

RELEASE FROM LIABILITY CLAUSE – I do hereby fully release and discharge Jewish Council for Youth Services, the Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me on account of participation in the program or use of the facilities or equipment.

INDEMNITY AND DEFENSE CLAUSE – I further agree to indemnify and hold harmless and pay defense costs and defend Jewish Council for Youth Services, the Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my family members) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment of family members by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment, which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camp family's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or other's health, safety, or well being at camp.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____