

Project C.A.R.E. (Challenge Activities Ropes Experience) 2017 – RELEASE FORM

Awareness of Program Policies

Project C.A.R.E. programs involve a variety of activities that often include warm-up games, group cooperative challenge problems, outdoor adventure low and high ropes course elements, and other physical activities. The level of participation is, at all times, up to the individual. We refer to this as "*Challenge by Choice*". The staff will take reasonable precautions to ensure a safe activity. You will be given an overview of the program you are about to undertake, and you will be informed of specific safety rules and regulations that you will be expected to follow. Each individual participant assumes personal responsibility in confronting the real and perceived emotional and physical challenges. I agree to cooperate with staff and follow their guidelines to ensure a safe & enjoyable activity.

Medical Screening, Waiver and Consent:

I understand that parts of the Project C.A.R.E. program may be physically or emotionally challenging. I affirm that my child or adolescent's health is good, and that he or she is not under a physician's care for any undisclosed condition that bears upon fitness to participate in Project C.A.R.E. activities. If I am 18 years or older, I affirm that my health is good and I am not under a physician's care for any undisclosed condition that bears upon fitness to participate in Project C.A.R.E. activities. I recognize the inherent risk of physical injury in any activity to my child, adolescent or myself. **I release and hold harmless The Long Island Home, d/b/a South Oaks Hospital, it's staff members and Board of Trustees from any and all liability for any injury to my child/adolescent or myself from participation in Project C.A.R.E. activities.**

Date: _____ Organization/Group/School: _____

Applicant Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Business: _____ Cell: _____

Email: _____

Applicant's Signature _____

Parent/Guardian's Signature (if under 18 yrs.old): _____

Signature of Applicant/Parent/Guardian is consent for participation.

Emergency Contact Name: _____ Emergency Telephone: _____

Consent for Photography

I hereby grant The Long Island Home doing business as South Oaks Hospital permission to take photos and use the likeness of my son or daughter or myself (if 18 years or older) as a photograph, or other reproduction in any publications including website deemed appropriate to promote quality programming at The Long Island Home.

I understand this permission is binding upon my legal heirs and I will not be provided any payment or other consideration.

Applicant Name: _____

Applicant Signature: _____

Date: _____ Witnessed by: _____