



**RELEASE OF LIABILITY:**

I hereby release and discharge, indemnify and hold harmless Israel Extreme, Israel Extreme Adventure Camp, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action arising from my child's participation in the camp activities.

**CONSENT FOR TREATMENT:**

I hereby give my permission to Israel Extreme and Israel Extreme Adventure Camp, to administer on-site first aid for minor injuries. In the event of injury or illness requiring medical attention, diagnosis or treatment, I hereby give my consent for Israel Extreme staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

**PHYSICAL EXAMINATION WITHIN ONE YEAR:**

I certify that within the past 12 months my child has had a physical examination and that he/she is physically able to participate in all of Israel Extreme Adventure Camp activities.

**ASSUMPTION OF FINANCIAL RESPONSIBILITY:**

I hereby acknowledge that I am responsible for medical charges incurred during Israel Extreme Adventure Camp participation. I further understand that Israel Extreme Adventure Camp carries an excess medical insurance policy for the campers. The Israel Extreme Adventure Camp insurance has limits and exclusions and will only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

**IMPORTANT: MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREE TO THESE TERMS.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print)

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