

## McGaw YMCA Camp Echo Release from Health Exam, Immunization, and/or Permission to Treat and Waiver of Associated Claims

Please complete in full and return at least **four weeks prior** to the participant's camping experience to:  
McGaw YMCA, Program Support Office, 1000 Grove Street, Evanston, IL 60201.

Participant's Name (Last, First) \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adult's Name (with whom child resides) \_\_\_\_\_ Work Phone \_\_\_\_\_

### PLEASE READ THE WAIVER BEFORE SIGNING

It is respectfully requested that the above-named person be granted an exemption upon religious or other grounds from the health exam, immunization requirements, and permission to treat that is required for attendance at McGaw YMCA Camp Echo. To the best of my knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

Should the above-named person manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious disease, I agree that a physical evaluation may be performed. Also, I agree that if any such disease is found, the above-named person will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary. [Check here  for unconditional refusal of any treatment whatsoever.]

I hereby release and forever discharge the McGaw YMCA, Camp Echo, their respective officers, agents, and employees, and all groups and persons connected herewith, from all actions, causes of actions, suits, and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees relative to the health, sickness, and treatment of the above-named person. The terms hereof shall be binding on my executors, heirs, administrators, and assignees.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of the above-named person against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

• **SIGN FOR EXEMPTION FROM HEALTH REQUIREMENTS AND WAIVER OF CLAIMS:**

(signature) \_\_\_\_\_ (date) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_