

George Junior Republic

Medical Release Form

Name:		Age:		Gender:		
Height:	Weight: lbs. Email:		Phone Number:			
Street Address:		City:	State:	Zip Code:		
Do you have any physic If yes, explain:			• · ·		YES NO	
Do you have back or ne	ck pain?				YES NO	
Do you use an inhaler?					YES NO	
Do you have/have you participation in the pro If yes, explain:	gram?				our YES NO	
Are you allergic to bees	or wasps?				YES NO	
Do you carry a bee sting kit or Epipen?					YES NO	
Do you have a history of heart problems or high blood pressure?					YES NO	
Do you have a history of seizures?						
Are you a diabetic?					YES NO	
		Emergency Contac	t Information			
Name:		Work,	/Cell Phone:			
Primary Care Physician			Phone Num	ıber:		
Print Participant Name			Participant Signatu	ire		
Name of Parent/Guardian if under 18			Guardian Signature			
Date:						



Consent for Release of Photo and Personal Information

George Junior Republic ("GJR") and its affiliates [GJR in PA, GJR in Indiana, Preventative Aftercare] periodically publish or otherwise make publicly available the names, image, likeness, voice, achievements and/or relating to George Junior Republic ("<u>Personal Information</u>") for the purposes described below. These releases of information include but are not limited to press releases; newsletters; photographs; videos (including voices); recordings; fund raising materials; "broadcasts" or other information dissemination provided as, on, or in television, radio, computers, phones, social media, blogs, podcasts, mobile devices or apps, the GJR website, other websites or online services; and other existing or future ways to release information.

Purposes. The release is made for purposes of supporting, advertising raising funds, educating, or otherwise promoting or providing information about George Junior Republic or its mission, programs, students, community, activates, or outreach efforts. The releases may be provided locally, nationally or internationally and in all possible existing or future media (now known or unknown).

<u>By my signature</u> below, I (a) certify that I have (or have obtained) all necessary permissions and authority lawfully to provide this consent so that it will be legally binding, and (b) give consent for GJR (and its representatives, agents, and service providers) to publish and/or release the Personal Information about the student identified below for the limited purposes described above, all without payment to the student, me, or anyone else. I understand that I may withdraw this consent by writing to George Junior Republic at 233 George Junior Road, Grove City, PA 16127, but I agree for myself and the student that any withdrawal will not be effective as to anything already published or when GJR has already relied upon this consent.

Print Participant Name

Participant Name (signature)

Date: _____

George Junior Republic



Release of All Claims

I, the undersigned, hereby acknowledge that George Junior Republic, George Junior Republic in Pennsylvania, and George Junior Republic Realty, all non-profit corporations organized in the Commonwealth of Pennsylvania and located in Pine Township, Mercer County, Pennsylvania, all hereinafter jointly referred to as "George Junior Republic," have offered me an opportunity to participate in the Adventure Based Team Building Program located at the George Junior Republic facilities in Pine Township, Mercer County, Pennsylvania. I understand that George Junior Republic is under no obligation whatsoever to allow me to utilize the said facilities or equipment, but I am interested and desirous of utilizing the same to participate in the Adventure Based Team Building Program.

I understand that I will be exposed to and participate in physical and mental stress challenges in the Adventure Based Team Building Program. I also understand that I will be at risk for injury by my participation, but voluntarily agree to assume all such risk.

I hereby acknowledge I received a copy of the Rules and Regulations concerning the Adventure Based Team Building Program and I agree to be bound by all the rules and regulations and further agree that I will not bring any guests to the said facility at any time. I also acknowledge that I am familiar with the program and that I am free to ask any further questions. I also acknowledge that I can withdraw from the program at any point in time.

As a condition of utilizing the said facilities and equipment and participating in the Adventure Based Team Building Program, I recognize and affirm that I am assuming a greater risk of injury or loss. I understand that George Junior Republic makes no representations, warranties, or guarantees to me regarding the safety of the facilities and program, any particular equipment or machinery I may utilize, and I voluntarily assume any and all risk, injury, and liability to myself which may occur therein. Furthermore, it is my responsibility to be medically examined to ensure my fitness to utilize the said facilities as George Junior Republic has no responsibility nor liability thereof.

As a condition of utilizing the said facilities and equipment and participating in the Adventure Based Team Building Program, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE George Junior Republic, its officers, employees, and agents for any and all claims, demands, liabilities, and causes of action whatsoever arising out of or related to any loss, injury, illness, or damage to myself which may occur from any act of omission or commission, negligent or otherwise, committed by George Junior Republic, its employees, agents, or students, during my participation in any activity or use of the said facilities and equipment, as well as any participation in any activity directed or supervised by George Junior Republic employees or agents.

George Junior Republic



I also agree to assume all liability for an hereby agree to DEFEND, INDEMNIFY, AND HOLD HARMLESS George Junior Republic, its officers, employees, and agents from and against any losses or injuries to me arising out of, incidental to, or in connection with all acts of omission or commission, negligent or otherwise, committed during my use of the said facilities and equipment and participants in the Adventure Based Team Building Program, WHETHER SUCH ACTS OF OMISSION OR COMMISSION, NEGLIGENT OR OTHERWISE, WERE CAUSED BY MYSELF OR BY GEORGE JUNIOR REPUBLIC, ITS OFFICERS, EMPLOYEES, AND AGENTS, OR THIRD PARTIES, AS WELL AS TO INDEMNIFY AND HOLD HARMLESS George Junior Republic, its officers, employees, and agents from any and all reasonably incurred attorney's fees in the defense of any such action or the enforcement of the provisions of this release agreement.

I further state that I am of lawful age and legally competent to sign this affirmation and release and understand that the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act. I acknowledge that no oral representations, statements, or inducements apart from this written agreement have been made to me.

Regardless of where the acts of omission or commission may occur, or where the injury to myself may occur, I hereby agree that this release shall be governed and controlled and interpreted under the laws of the Commonwealth of Pennsylvania with venue and jurisdiction residing in the Mercer County Court of Common Pleas.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AS TO MYSELF AND AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT BETWEEN MYSELF AND GEORGE JUNIOR REPUBLIC, ITS OFFICERS, EMPLOYEES, AND AGENTS.

It is my express intent that this RELEASE AND HOLD HARMLESS AGREEMENT shall bind myself and my personal representative, heirs, and assigns.

IN WITNESS WHEREOF, AND INTENDING TO BE LEGALLY BOUND, I execute this release this ______ day of _____, 20____.

Print Participant Name

Participant Name (signature)

Print Witness Name

Witness Name (signature)