

# YOA ADULT APPLICATION

Please fill out the application and fax or mail it along with a \$75 non-refundable application fee to:

**Camp YOA**  
**9272 Abbott Ave.**  
**Surfside, FL 33154**

**NAME**

First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
Preferred \_\_\_\_\_

**ADDRESS**

Street \_\_\_\_\_  
City State/zip code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_

DOB // \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**HOW DID YOU HEAR ABOUT YOA?** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City State/zip code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer Title \_\_\_\_\_

**APPLICANT QUESTIONNAIRE**

This questionnaire is designed to help you get familiar with our program, while providing us with an opportunity to get to know you better.

1. What has been your greatest success in the last six months?

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2. Our course is physically demanding. Describe your regular physical activities or sports, including what types of exercise you do, how often and for how long. If you do not exercise regularly, tell us how you plan to prepare for our program.

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**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

In consideration for the services of Camp Yeshiva Outdoor Adventure, it's staff and members, and their officers, agents, volunteers, employees, participants, and all other persons or entities in any capacity on their behalf, herein collectively referred to as Camp Yeshiva Outdoor Adventure, I hereby agree to release and discharge Camp Yeshiva Outdoor Adventure, on behalf of myself, my children, my parents, my spouse, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that Camp Yeshiva Outdoor Adventure's programs, including but not limited to activities such as backpacking, horseback riding, cattle driving, sailing, scrambling, canoeing, hiking and emergency medical or rescue activities, entail known and unknown risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential quality of the activity. The risks include, but are not limited to: load carrying injuries, unpredictable weather and environmental conditions, wildlife and plants injuries, negligence caused by third parties and my own negligence.

2. Furthermore, I acknowledge that Camp Yeshiva Outdoor Adventure instructors and other staff seek to provide a safe environment and experience, but are not infallible. They might misjudge the weather or terrain, or give inadequate warning. They might be ignorant of a participant's fitness, past experience or ability.

3. I expressly agree and promise to accept and assume all of the risk existing in any and all Camp Yeshiva Outdoor Adventure programs and activities. I understand participation in Camp Yeshiva Outdoor Adventure's programs and activities is purely voluntary and the undersigned elects to participate in spite of the risks.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Yeshiva Outdoor Adventure, from any and all claims, demands or cause

of action of any and every kind and nature, including, without limitation, claims for general negligence, negligent act or omissions by Camp Yeshiva Outdoor Adventure, personal injury, property damage or wrongful death, damages, and expenses, which are in any way connected with my participation in any and all Camp Yeshiva Outdoor Adventure's programs and/or activities or my use of Camp Yeshiva Outdoor Adventure provided equipment or facilities.

5. Should Camp Yeshiva Outdoor Adventure, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage the undersigned participant may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that the undersigned participant has no medical or physical condition, which could interfere with my safety in Camp Yeshiva Outdoor Adventure's programs and/or activities and that I have advised Camp Yeshiva Outdoor Adventure of any pertinent health information. I further certify that I have made no misrepresentation of the participant's abilities to participate in Camp Yeshiva Outdoor Adventure activities and use any necessary equipment.

By signing this agreement I hereby waive my right to bring any court action to recover compensation or obtain any other remedy or relief for any claims, demands or causes of action which I have released herein.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and Camp Yeshiva Outdoor Adventure and affiliated parties and I sign it of my own free will.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL PERMISSION TO TREAT APPLICANT**

In case of emergency, I hereby give my permission to the physician selected by Camp Yeshiva Outdoor Adventure to secure proper treatment for me; including: hospitalization, anesthesia, surgery, injections, or medication for the participant. I further authorize Camp Yeshiva Outdoor Adventure to provide me with routine health care and first aid as well as administer routine prescription drugs.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Account # \_\_\_\_\_