



Registration Form

Child's full Name written in English _____

Child's Full name written in Hebrew _____

Parents' Names _____

Age _____ Birthdate _____

Home Phone _____

Parent 1 cell phone: _____

Parent 2 cell phone: _____

Parents' email: (Father) _____

(Mother's email: _____

Address _____

City _____

Zip _____

School : _____ Grade _____

Friend request: _____ T-shirt size: Youth (S, M, L, XL) Adult (S, M, L, XL)

This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in an activity with Geerz and requires you to assume its risks. The second section emphasizes obedience to safety rules. The third section gives Geerz authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Department important information about your child.

I. ASSUMPTION OF RISKS

As a parent or guardian, you should ask Geerz about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is yours.

II. INSTRUCTION

I have told my child to obey all directions of the Geerz staff and personnel in charge of the activity and to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize Geerz to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that Geerz and its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

IV. EMERGENCY AND MEDICAL INFORMATION

Person to contact in an emergency: _____

Telephone (Day): _____ Cell: _____

Alternate person to contact in an emergency: _____

Telephone (Day): _____ Cell: _____

Kupot Cholim: _____

Physician Name: _____

Physician Number: _____

MEDICAL HISTORY OF STUDENT-ATHLETE

Have you ever been hospitalized?

YES NO

Have you ever had high blood pressure?

YES NO

Have you ever had surgery?

YES NO

Have you been told that you have a heart murmur?

YES NO

Are you presently taking any medication or pills?

YES NO

Have you ever had a racing of your heart or skipped heart beats?

YES NO

Do you have any allergies (medication, bee stings or other stinging insects, etc.)?

YES NO

Has anyone in your family died of heart problems or a sudden death before the age of 50?

YES NO

Have you ever fainted?

YES NO

Have you ever had a seizure?

YES NO

Have you ever passed out or been dizzy during or after exercise?

YES NO

Do you have any skin problems (itching, redness, acne, etc.)?

YES NO

Have you ever had a concussion?

YES NO

Do you have a history of asthma?

YES NO

Have you ever had heat stroke or heat exhaustion?

YES NO

Do you have trouble breathing during activity?

YES NO

Do you wheeze or cough during or after exercise?

YES NO

Do you get more tired than your friends while exercising?

YES NO

Have you ever had a head injury?

YES NO

Have you ever had a problem with your eyes or vision?

YES NO

Have you ever been knocked out of unconscious?

YES NO

Do you wear glasses, contacts or protective eye wear?

YES NO

Have you ever had heat or muscle cramps?

YES NO

Have you ever had any problems with your hearing?

YES NO

Have you ever had a stinger, burn or pinched nerve?

YES NO

Have you had any injuries since your last medical exam?

YES NO

Have you ever had abnormal bleeding or bruising?

YES NO

Have you had any other medical problems (infections, mononucleosis, diabetes, etc.)?

YES NO

Have you ever sprained, strained, dislocated, fractures. Broken, had swelling of, or any other injuries of any bones or joints?

YES NO

Do you have any other significant medical conditions or history?

YES NO

If you answered "YES" to any of the above questions, please attach explanations to this sheet.

Comments: _____

YOUR SIGNATURE HERE SIGNIFIES THAT YOUR RIDER IS MEDICALLY CLEARED TO PARTICIPATE IN GEERZ ACTIVITIES

Parent(print): _____

Date: _____

Signature: _____

My child may be photographed (stills or video) for Geerz ____ YES ____ NO

Signature of Parent / Guardian _____ Date _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I am aware that mountain biking and outdoor recreation are inherently dangerous and that I knowingly risk dangers including but not limited to; extreme physical and emotional injury, death, physical exertion and sudden weather, remoteness to normal medical service, collisions, dangerous terrain, trail building accidents and evacuation difficulties. I acknowledge that my enjoyment of mountain biking is derived in part from the inherent risks of the activity and I accept all of this risk. I will not sue or blame Nachum Wasosky and or staff working with him (hereinafter known as Geerz), when I get hurt.

I release and forever discharge from all liability and agree not to sue Geerz and its officers, volunteers, agents, contractors, public bodies, land holders and sponsors, related to any and all activities with Geerz from any and all claims, suits, expenses, damages or proceedings of any nature whatsoever arising from any personal injury, death, property damage, economic loss or other loss sustained by me as a result of and in consideration for my participation in any Geerz activity, including hiking, camping, adventure racing, climbing, trail building, and the like. I hereby indemnify the foregoing and hold them harmless for all claims, suits, demands, expenses, and proceedings of any nature whatsoever arising from any injury, loss or damage, related to my participation in such activities.

I agree to carry identification during all Geerz activities and I will wear a helmet when riding. I further agree that if I suffer serious injury Geerz members may arrange medical treatment and emergency evacuation services as Geerz riders deem essential for my safety and that I am responsible for those costs. I release all Geers participants from any liability in rendering aid to me.

I understand I will probably get injured mountain biking and I agree not to sue Geerz. I state that I have read and understood this Assumption of Risk and Waiver of Liability Agreement prior to signing it and agree that this agreement will be binding upon me and all my agents, heirs and successors and will remain valid unless revoked by me in writing. By signing this agreement I am giving up my right to blame Geerz. I have read every word of this agreement.

Printed Name *

Signature

Date

If under 18 years of age a parent or legal guardian must sign below

Printed Name and Relationship

Signature

Date