Name of Participant	
Name of parent/guardian if applicant is a minor	
LA VIDA RELEASE AND ASSUMPTION OF RISK	
Since La Vida's beginning in 1970 it has had an excellent safety record. All activities are well within safety limits, and standard procedures are strictly enforced by trained instructors. The La Vida policy "challenge by choice" means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity but will not use or allow peer pressure to force any participant to do anything they would prefer not to do. We are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this Release and Assumption of Risk Form has been drawn up and must be signed by each participant or the parents of minors.	
I am aware that during La Vida activities certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.	
In consideration of the right to participate in such La Vida activities, I have and do hereby assume all the above risks and will hold Gordon College and the La Vida instructors harmless from all liability, actions, causes of actions, debts, claims and demands of every kind and nature which might arise in conjunction with my participation in a La Vida program. I also acknowledge the fact that the instructors have the right to terminate my participation in the La Vida experience because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.	
Initial to acknowledge	
PHOTO RELEASE	
I give La Vida and Gordon College permission to use for promotional materials and for the website any and all photos taken of me during any and all La Vida activities.	
I do do notgive permission	
REMOTE SWIMMING PERMISSION FORM	
All wilderness programs are required by law to inform and obtain permission from participants (or a parent/legal guardian if under 18) that the camper may participate in swimming at remote wilderness sites not inspected by the New York State Department of Health. Qualified La Vida staff will determine the suitability of the site at the time of each use. These sites are often remote or inaccessible to allow for prompt transfer to an emergency medical healthcare facility.	
The swimmer must adhere to the rules established: no head-first diving; no jumping into the water from cliffs, trees, water flumes or rope swings; no swimming unless required supervision and equipment are provided; swim only within the designated site; water depths will not exceed five feet; no swimming at night or during thunderstorms; hazards which are marked and within the designated area are to be avoided; and each swimmer must have a buddy, and both must check with the La Vida instructor before entering and leaving the water.	
 □ I am aware of the conditions associated with swimming at a remote site and GIVE PERMISSION for myself (or my son/daughter if under 18) to participate in such activities. —OR— □ I am aware of the conditions associated with swimming at a remote site and DO NOT GIVE PERMISSION for 	

myself (or my son/daughter if under 18) to participate in such activities.

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

	x State Public Health Law requires that a participant (or parent or guardian of campers under 18) who an overnight camp for seven (7) or more consecutive nights, complete and return the following form to the
_OR—	I have had the meningococcal conjugate vaccine (MenACWY), for example Menactra or Menveo. Date received
	understand the risks of not receiving the vaccine. I have decided that I will NOT obtain immunization against meningococcal meningitis disease.
RELEASE	OF MEDICAL INFORMATION
HIPAA re	gulations prohibit sharing of medical information regarding anyone age 18 or over without signed consent.
	_ do not authorize Gordon College La Vida staff to share medical information with the emergency t that I have provided during my involvement in a Gordon College La Vida program.
NEW YOR	RK STATE REGULATIONS FOR ADMINISTRATION OF MEDICATION TO MINORS
participo authorizo program medicati their part minors. A doctor c they will to be. All m at the or medicati	of New York maintains strict regulations regarding the administration of medication to minors. Any ant who is under age 18 at the time of their La Vida Expedition is considered a minor and must have attorn in writing from their doctor for any medication they might need while participating in a La Vida. This applies to both standard prescription medications and any prescribed over-the-counter types of ion (i.e. Tylenol, Advil, etc.). La Vida instructors can only administer prescribed medications to minors during ticipation on a La Vida program; they are not authorized to administer any non-prescription medications to any minor who will need to take any prescribed medication during La Vida activities is required to have their omplete and sign an Authorization for Administration of Medications at Camp, detailing what medications need, the purpose for which they are authorized to take those medications, and what the dosages should edications must be stored in their original containers and will need to be turned in to the La Vida instructors as the program, along with any permission authorizations. La Vida instructors will carry all participant ions in a designated first aid kit and dispense them according to the accompanying physician's instructions on the Authorization for Administration of Medications at Camp.
	I have read and understand the above and will submit the required authorization form if it is needed for my child during their La Vida experience.
By signing accurate	g this document, I confirm that I have read through this document in its entirety and the above information is e.
Name _	
Signature	e