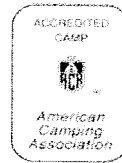


Winter Address
1301 Springdale Road
Cherry Hill, NJ 08003
Tel: 856-751-1666
Fax: 856-489-8230



Summer Address
400 Tuckerton Road
Medford, NJ 08055
Tel: 609-654-5192
Fax: 609-654-5033

CHAVERIM CAMPER'S CONTRACT

Welcome to the JCC Camps at Medford Chaverim travel camp program! We are excited for a great summer. Camp activities, many times, are as good as the behavior, interest and attitude of the participants. These ingredients set the mood for the entire summer. An ill-behaved camper will find difficulty, which could result in a negative experience for others in camp. Courtesy and politeness are always appreciated. Two of the goals of our camp are to develop new friendships and promote an enjoyable summer. This can be achieved only when the rights and welfare of all are considered.

All campers are subject to the rules listed below. Our counselors are instructed to maintain these rules. Please read them carefully.

1. Campers are ambassadors for Camp and the JCC and are required to behave appropriately wherever they go.
2. Campers are expected to show consideration and respect for their fellow campers, counselors, tour guides, bus drivers and other adults.
3. Campers must respect the property and facilities used by the camp. This would include amusement parks, attractions, hotel rooms, Jewish Community Centers and other sites. The camper and his/her parents will be required to pay for damages.
4. Campers are not permitted to go off on their own. Free time provides an opportunity for independent activities and the pursuit of personal interest; however, campers must be with a staff member at all times.
5. Campers are subject to the authority of the counselors and other staff.
6. Campers will be on time for scheduled activities. Tardiness results in everyone being inconvenienced. It is suggested that each camper wear a watch.
7. Campers are expected to care for their personal belongings. Jewelry, radios, watches, etc., are the responsibility of the camper. Use good judgment when packing for a trip. **The Camp will not be responsible for lost items.**
8. Cell phones: Camp does not feel that cell phones are appropriate for Camp, as they can be distracting and disruptive of kids having a good time. However, they can be useful if used appropriately. Campers may use cell phones in an emergency or when permitted by camp staff (i.e. to let a parent know what time buses will be arriving) . They are not to be used to call or text message other campers, staff, or parents unless it is a necessity.

9. Buses: It is a State Law that everyone riding a bus must remain seated. When riding a bus, arms, heads, etc., are not to be out of the windows at any time. Campers will be responsible for keeping their bus clean from garbage. A bag located in the front of each bus will be used to dispose of garbage. Garbage is not to be thrown out of the bus windows.
10. Drugs, alcohol, fireworks, lighters, pocket knives and tobacco are strictly forbidden. Use of these will result in immediate withdrawal from camp.
11. Required medication prescribed by a doctor should be properly labeled and brought to the attention of staff. Campers are not permitted to carry their own medication.
12. Campers are advised not to speak with strangers unless an emergency has developed. Being friendly may be misleading to others.
13. On extended trips, nightly curfews will be established by the counselors. Campers must respect the rights of others who require sleep.
14. Any camper who commits a serious discipline situation or continues to disregard any of the above rules, may be asked to leave camp. If on an extended trip, the camper ***will be returned home at the expense of the parents or guardians of the camper.***
15. **DISMISSAL:** The Director reserves the right to cancel any camper's enrollment or dismiss a camper whose mental condition, conduct, influence or behavior is deemed unsatisfactory to the best interests of the Camp. No refund will be made.

After reading these rules, I understand the importance of good behavior as it relates to a successful summer. I also understand that as a member of the Chaverim Travel Camp, I am a "Goodwill Ambassador" for the Jewish Community Center.

Date _____ Camper's Signature _____

Print camper's name _____

Grade as of upcoming September _____

Parent's Signature _____

Print parent's name _____

Please retain one (1) copy and return a signed copy. This must be returned with the Health Form and a photo of your child or the camper will not be permitted to attend camp.

Any questions should be directed to the Camp office, jcccampsmeford@jfedsnj.org or 856-751-1666. Thank you.

JCC Camps at Medford Chaverim Rainy Day Contact Form



If Chaverim is scheduled to travel to an outdoor location and it is raining, we will change the activity for the day. If the new plans require a change in pick-up time, all parents will receive an e-mail and/or text message. If the location changes but the pick-up time does not, no contact will be made.

In the event that we need to reach you to let you know about a change in pick-up time, please fill out the form below and provide us with contact information. We will contact you at the e-mails provided below. Please indicate whether you prefer a text message or e-mail.

Please print clearly.

Camper Name: _____

Weeks attending Chaverim: _____

Parent Name(s): _____

Parent email(s) _____

Cell Phone Number(s): _____

Prefer: email _____ Text message _____

***Please return this form by June 1st to JCC Camps at Medford,
1301 Springdale Road, Cherry Hill, NJ 08003***

FLOWRIDER ARBITRATION AGREEMENT (MINORS ONLY)

Name: _____
Minor

Name: _____
Parent or Guardian

Age: _____

Date: _____

Please read this document. It limits the legal rights of a minor (18 years or younger) who is injured in any way on the FlowRider amusement ride. By signing this Arbitration Agreement, you acknowledge that it contains a legally binding agreement to arbitrate disputes and that you have read the Agreement and agree to its terms.

1. INTRODUCTION TO THE FLOWRIDER, OUR DYNAMIC INDOOR SURFING MACHINE

The FlowRider is a dynamic and exciting water amusement ride which simulates the experience of riding an ocean wave. The FlowRider is a body-active participatory sport where the rider "rides" a flowing sheet of water using a Bodyboard or a specially designed Flowboard. Riders should observe the ride and read all posted instructions and warnings before participating in the FlowRider. Riders must be in good physical condition and free from any physical limitations to participate. Pregnant women and persons with a history of heart, back, neck, shoulder or joint problems should not ride the FlowRider.

2. RISKS ASSOCIATED WITH USING THE FLOWRIDER

The FlowRider was designed by the manufacturer with the safety of the rider as a primary concern, but as an interactive participatory sport, there are risks associated with its usage. Although many before you have ridden the FlowRider without any problem whatsoever, injuries are possible because of the nature of the ride.

a. You may unavoidably achieve body positions that result in personal injury during your participation and riding may result in the flow of water picking you up and pitching you head over heel into a subsurface that is covered by foam or matting. The tricks, stunts or body positions that you may attempt (or inadvertently achieve) will be based on your real physical abilities and skill level. There is a risk of self-inflicted injury or injury caused by others that can result from such tricks, stunts or body positions.

b. You may sustain injury as a result of slipping on or striking surrounding ride elements, including the ride bottom, flow fence divider, support structures, ride vehicles, containment walls, entering or exit riders, ride attendants or other ride components. Since the attraction and the ride vehicles may contain fiberglass, plastic, wood, or other potentially hardened substances, your contact with them may also cause injury.

3. CAN YOU MAKE A CLAIM FOR MONEY DAMAGES IF YOUR MINOR CHILD IS INJURED?

If your minor child is injured and you want to make a claim, you must file a demand before the American Arbitration Association (AAA). The AAA is an independent agency which resolves disputes fairly and without favoritism. Sahara Sam's cannot select who will be the single arbitrator to decide the dispute. The address of the Association is 220 Davidson Avenue, Somerset, New Jersey 08873, Tel. (732) 560-9560. You agree that any dispute between you and Sahara Sam's will be decided by the AAA and that the Arbitration Hearing will take place in Camden County, New Jersey. You are not required to hire a lawyer to make your claim. If you hire your own lawyer, you must pay your own lawyer. If you or Sahara Sam's does not follow the requirements of this document, then you or Sahara Sam's may be required to pay the other's attorney's fees.

4. SAHARA SAM'S IS ASKING YOU TO GIVE UP LEGAL RIGHTS IN ORDER FOR YOUR MINOR CHILD TO UTILIZE THE FLOWRIDER RIDE.

Because the FlowRider Ride may increase your child's risk of harm, Sahara Sam's is asking you to give up certain valuable legal rights. Here are the legal rights you are giving up when you sign this document:

- (a) You give up your right to sue Sahara Sam's in a court of law. You must arbitrate a claim.
- (b) You give up your right to a trial by jury. You must arbitrate a claim.
- (c) You give up the right to claim money from Sahara Sam's if you are injured unless Sahara Sam's intentionally and willfully failed to prevent or correct a hazardous condition or unsafe equipment.
- (d) You give up the right to recover damages or punish or make an example of Sahara Sam's, Inc.
- (e) You give up the right to choose the state and county where the Arbitration Hearing will be conducted and you must arbitrate the case in Camden County, New Jersey.

5. WHO IS BOUND BY THIS WAIVER AND RELEASE?

You and your minor child are bound by this document. Anyone who has or can obtain your rights is also bound by this document, such as your family, relatives, guardians, executives or anyone responsible for you. As used in this document, Sahara Sam's also includes the people who work for and are associated with Sahara Sam's, such as its owners, managers, employees, officers, directors, stock holders, agents, volunteers, sponsors, vendors and exhibitors.

6. DO YOU AGREE TO ABIDE BY THE RULES OF SAFE CONDUCT?

YES _____ NO _____

The Signature of Your Parent or Guardian: _____

Date: _____

Phone: _____

Parent or legal guardian's Driver's license: _____

Your Address: _____

Verbal Statement by Sahara Sam's Waiver Liability Representative:

Please be advised that you have just signed a waiver of liability which limits certain rights you may have by participating on this ride. This ride is considered an extreme ride which means the potential for injury does exist. Sahara Sam's cannot advise you on any of your legal rights however we are required to inform you in advance of participation to review this document and all warning signs prior to utilization. Any information represented by you as false and misleading can result in serious injury.

You must follow all posted regulations located at the ride entrance and lifeguard instructions while riding the Flow Rider. Lifeguards do enforce all posted rules and regulations and will provide basic instructions prior to utilization.

Please sign this form indicating you have been informed by a Sahara Sam's representative of what you are signing and have been provided the option to be a spectator and not participate on this attraction.

Signature of Parent or Guardian

SKY TRAIL COURSE ARBITRATION AGREEMENT (MINORS ONLY)

Name: _____

Name: _____
(Parent or Guardian)

Age: _____ Date of Birth: _____

Date: _____

Please read this document. It limits the legal rights of a minor (18 years or younger) who is injured in any way on the Sky Trail Course amusement ride. By signing this Arbitration Agreement, you acknowledge that it contains a legally binding agreement to arbitrate disputes and that you have read the Agreement and agree to its terms.

____ 1. INTRODUCTION TO THE SKY TRAIL COURSE (← Initials)

The Sky Trail Course is exciting but it can be dangerous; the Sky Trail Course is a high adventure ropes course with a closed tracking system that will allow you to go throughout the course without the need to disconnect your sling line at any time. You have the freedom to choose your path throughout the course and go at your own pace. If you lose your balance or slip off any part of the course, the harness and sling line will catch you and you can pull yourself back up onto the element or platform.

____ 2. RISKS ASSOCIATED WITH USING THE SKY TRAIL COURSE (← Initials)

- There is always a risk of self inflicted injury or injury caused by other participants;
- You may sustain injury as a result of slipping on or striking surrounding ride elements which contain fiberglass, metal and other hard objects;
- You may sustain an injury as a result of a possible equipment failure and/or malfunction of your own or other's equipment;
- You may sustain an injury from falling or from exposure to the height of the Sky Trail Course which may impair your judgment, coordination or balance;
- You may sustain an injury from not paying close attention to your climbing or to others climbing with or near you;
- You may sustain an injury by your own negligence and/or the negligence of others including employees, agents, independent contractors or representatives of Sahara Sam's including but not limited to any operator error;
- The injuries that you may sustain include injuries to hands, fingers, feet and toes including but not limited to inflammation and/or strains of muscles, ligaments and/or tendons, nerve damage or compression and broken bones and aggravation or re-aggravation of any underlying physical condition;
- Finally, you understand that the description of these risks and potential injuries is not complete in that unknown or unanticipated risks may result in injury, illness or death.

____ 3. (← Initials) CAN YOU MAKE A CLAIM FOR MONEY DAMAGES IF YOUR MINOR CHILD IS INJURED?

If your minor child is injured and you want to make a claim, you must file a demand before the American Arbitration Association (AAA). The AAA is an independent agency which resolves disputes fairly and without favoritism. Sahara Sam's cannot select who will be the single arbitrator to decide the dispute. The address of the Association is 220 Davidson Avenue, Somerset, New Jersey 08873, Tel. (732) 560-9560. You agree that any dispute between you and Sahara Sam's will be decided by the AAA and that the Arbitration Hearing will take place in Camden County, New Jersey. You are not required to hire a lawyer to make your claim. If you hire your own lawyer, you

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must pay your own lawyer. If you or Sahara Sam's does not follow the requirements of this document, then you or Sahara Sam's may be required to pay the other's attorney's fees.

____ 4. (←Initials) SAHARA SAM'S IS ASKING YOU TO GIVE UP LEGAL RIGHTS IN ORDER TO UTILIZE THE SKY TRAIL COURSE.

Sahara Sam's is asking you to give up certain valuable legal rights. You, your personal representative and your heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Sahara Sam's and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of your participation in the Sky Trail Course. You specifically understand that you are releasing, discharging and waiving any claim or action that you may have present or in the future for the negligent acts or conduct by the owners, agents, servants or employees of Sahara Sam's or any of the designers or manufacturers of the Sky Trail Course.

____ 5. (←Initials) WHAT ARE THE LEGAL RIGHTS THAT YOU ARE GIVING UP WHEN YOU SIGN THIS DOCUMENT:

- You give up your right to sue Sahara Sam's in a court of law.
- You give up your right to a trial by jury.
- You give up the right to claim money from Sahara Sam's if you are injured.
- You give up the right to claim money from Sahara Sam's if you are injured by another person.
- You give up the right to recover damages or punish or make an example of Sahara Sam's, Inc.

____ 6. (←Initials) WHO IS BOUND BY THIS WAIVER AND RELEASE?

You are bound by this document. Anyone who has or can obtain your rights is also bound by this document, such as your family, relatives, guardians, executives or anyone responsible for you. As used in this document, Sahara Sam's also includes the people who work for and are associated with Sahara Sam's, such as its owners, managers, employees, officers, directors, stock holders, agents, volunteers, sponsors, vendors and exhibitors.

____ 7. (←Initials) DO YOU AGREE TO ABIDE BY THE RULES OF SAFE CONDUCT?

YES _____

NO _____

Your Signature

Date

Emergency Contact

The Signature of Your Parent or Guardian: _____

Date: _____

Phone: _____

Parent or legal guardian's Driver's license: _____

Your Address: _____

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION FOR GO VERTICAL LLC OF PENNSYLVANIA

In consideration of my being allowed to use the Go Vertical LLC of Pennsylvania ("Go Vertical") Climbing Wall ("Climbing Wall"), Climbing School ("School") and related training facilities ("Facilities"), I the undersigned, hereby agree to and acknowledge the following:

1. ASSUMPTION OF RISK: I hereby acknowledge and accept and agree that the sport of rock climbing and the use of the Climbing Wall involve inherent risks. I received full information regarding the Climbing Wall and Go Vertical's facilities and had the opportunity to ask any questions that I wished. I have examined the Climbing Wall and have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including, but not limited to:

- a. All manner of injury resulting from my falling off or from the Climbing Wall and hitting the floor, wall faces, people or rope projections, whether permanently or temporarily in place;
- b. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on ropes, rescue systems, and any other rope techniques;
- c. Injuries resulting from the actions or omissions of others, including but not limited to falling climbers or dropped items, such as, but not limited to, ropes, climbing hardware, wall parts or personal effects;
- d. Cuts and abrasions resulting from skin contact with the Climbing Wall or any other surface;
- e. Failure or misuse of ropes, slings, harnesses, climbing holds, anchor points, or any part of the Climbing Wall;
- f. Failure to follow Go Vertical employee instruction or failure to ask for information or assistance.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and related training facilities and I agree that such list in no way limits the extent or reach of this Assumption of Risk, Release and Indemnification. If I see or hear anything I feel is questionable or dangerous, it is my responsibility to ask or inform Go Vertical employees until corrected or satisfactorily answered.

2. RELEASE: In consideration of my use of the Climbing Wall and/or Go Vertical's facilities and/or participation in any program or competition offered by or held at Go Vertical's facilities, I hereby release and discharge Go Vertical, their owners, affiliates, agents and employees, and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including attorneys fees and disbursement) incurred by me or are in any way related to or arising out of the use or intended use of the Climbing Wall and/or Go Vertical facilities whether supervised or not, including, without limitation, all claims for property damage, personal injuries or wrongful death including any such claims which allege negligent acts or omissions of Go Vertical.

3. INDEMNIFICATION: I hereby agree to indemnify and hold harmless Go Vertical, their owners, members, affiliates, agents and employees, and their successors and assigns, from any and all causes of action, claims, demands, losses and costs of any nature whatever arising out of or in any way relating to my use of the Climbing Wall or Go Vertical's facilities, including any such claims which allege negligent acts or omissions of Go Vertical.

I understand and agree that Go Vertical and its personnel reserves the right to deny access to its facilities to any individual permanently, or for a specified period of time, for any breach of any of Go Vertical's policies, rules and regulations or for any conduct that is viewed as unsafe or inappropriate.

I expressly state that I have read, understand and am familiar with this document and all its provisions and that I have full knowledge of the nature and extent of the risks incident to and inherent in the sport of rock climbing and my use of the Facilities or participation with the School. I hereby voluntarily and knowingly assume those risks and I understand that I will be solely responsible for any injury, loss or damage, including death, which I sustain while using the Climbing Wall and/or Go Vertical's facilities and that by this agreement, I relieve Go Vertical from any and all liability for such injury, loss, damage or death.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This Assumption of Risk, Release and Indemnification shall be effective and binding upon me and upon my assigns, heirs, representatives, executors and administrators. (If under the age of 18, this release must also be signed and filled out below by the parent of the Minor). In the event that I file a lawsuit against Go Vertical, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Go Vertical on the basis of any claim from which I have released them herein.

Participant's Signature

Address

Participant's Name (Print Clearly)

City, State, Zip

Today's Date

Home Phone

Date of Birth

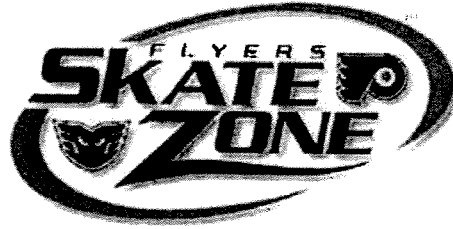
PARENT'S ADDITIONAL INDEMNIFICATION, TO BE READ AND SIGNED BY PARENT OF MINOR

In consideration of _____ (print minor's name) ("Minor") being permitted by Go Vertical to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Go Vertical from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use of participation by Minor. I hereby state that I am the parent of the Minor named above. I am familiar with and consent and agree to the terms and provisions set forth in this Assumption of Risk, Release and Indemnification for Go Vertical.

Signature of Parent

Parent's Name (Print Clearly)

Today's Date



ASSUMPTION OF RISK AND RELEASE

BY MY PARTICIPATION IN THE ON-ICE ACTIVITIES BEING HELD ON THE DATE SET FORTH BELOW AT FLYERS SKATE ZONE-VOORHEES, I VOLUNTARILY AND KNOWINGLY ASSUME ALL RISK OF PERSONAL INJURY AND ALL OTHER HAZARDS FROM OR RELATED TO SUCH PARTICIPATION, WHETHER OCCURRING PRIOR TO, DURING, OR AFTER SUCH ACTIVITY, AND HEREBY FOREVER RELEASE AND DISCHARGE FPS INK, L.P., FPS RINK, INC. AND THEIR RESPECTIVE AFFILIATES, OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND OR NATURE, EITHER IN LAW OR AT EQUITY, WHATSOEVER RELATING IN ANY WAY TO MY PARTICIPATION IN SUCH ACTIVITIES, INCLUDING BUT NOT LIMITED TO CLAIMS FOR BODILY INJURY OR DEATH OF PERSONS AND LOSS OR DAMAGE TO PROPERTY, WHETHER OR NOT CAUSED BY NEGLIGENCE.

I FURTHER RELEASE ALL OFFICIALS AND PERSONNEL FROM ANY AND ALL CLAIMS WHATSOEVER ON ACCOUNT OF FIRST AID, TREATMENT OR SERVICE RENDERED ME DURING MY PARTICIPATION IN SUCH ACTIVITIES.

I FURTHER STATE THAT I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AND KNOW THE CONTENTS AND SIGN THIS ASSUMPTION OF RISK AND RELEASE AS MY OWN FREE ACT.

SIGNATURE*: _____

PRINT NAME: _____

ADDRESS: _____

DATE OF SIGNATURE: _____

DATE OF ACTIVITY: _____

*If participant is a minor (under the age of 18), its parent or guardian must also sign below:

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR WHO HAS SIGNED THE ABOVE ASSUMPTION OF RISK AND RELEASE, AND I HEREBY AGREE THAT WE SHALL BOTH BE BOUND THEREBY.

SIGNATURE: _____

PRINT NAME: _____

**JCC Camps at Medford
Overnights
Medication Permission Authorization Form**

(If your child plans to attend the Camp Aaron overnight and requires medication, please complete this form)

Medications along with this completed form must be given to the camp nurse **no earlier than one (1) week prior** to the event, and **no later than two (2) days before** the event. If you are sending medication to camp through the bus counselor, please call the nurses office at 609-654-2088 to let them know the medication is coming.

All medications must be in properly labeled containers. Pharmacy labels are required for all prescription medication. Non-prescription medication should be sent in original containers with the camper's name written on the container. **This form must have parent/guardian signature and a physician's signature and stamp.** This applies to all prescription and over the counter medication.

Medications and forms are to be handed in together. Neither medications nor forms will be accepted separately.

Camper's Name: _____ **Bunk:** _____

Medication (1): _____ Dosage: (indicate in mg) _____

Time to be Given (be specific) _____ Date to be Given: _____

Reason for Medication: _____

Medication (2): _____ Dosage: (indicate in mg) _____

Time to be Given (be specific) _____ Date to be Given: _____

Reason for Medication: _____

Medication (3): _____ Dosage: (indicate in mg) _____

Time to be Given (be specific) _____ Date to be Given: _____

Reason for Medication: _____

***Parent/Guardian Signature:** _____ **Date:** _____

***Physician Signature:** _____ **Date:** _____

***Physician Stamp:**

If this form has not been completed in full with the required signatures and stamp and turned in with the medication, your child will not be permitted to participate in the late stay/overnight program.