



Agreement to Participate YMCA CAMP COLLINS

Participants Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Organization you are participating with: _____

Health insurance Co. _____ Policy #: _____

Doctors Name: _____ Phone: _____

In case of emergency call: _____ Phone: _____

YMCA Camp Collins program areas may include, but are not limited to, Challenge Course, Climbing Tower, Aquatics, Horseback Riding, Sports and Games, Archery, Arts and Crafts, Hiking/Nature activities and evening programs such as Campfires. Our program areas are designed to meet a wide range of physical abilities and we make reasonable accommodations to serve a diverse population. Activities may include sitting, walking, running, swimming, wading, jumping, throwing, use of archery equipment (bows and arrows), riding horses, and contact with craft supplies (paint, glue, dye and potentially hot liquids such as wax). When utilizing the Challenge Course activities may also include participating in group initiatives on low (2-3 ft. off of the ground) and high (25-40 ft off the ground) elements, and climbing and traversing on cables, logs and ropes while attached to a belay (rope) system.

As a participant you are the best judge of your physical abilities and that of your dependent children. There is a significant element of risk involved in any adventure, sport or activity associated with the outdoors. If you or your dependent children have a health condition, chronic illness or injury that might be aggravated by doing these activities you should not participate in these activities without first consulting a physician. Participation in camp activities is voluntary and participants are able to choose their level of involvement in all activities. In agreeing to participate you assume all liability for any physical injuries and/or emotional distress suffered by you and/or your dependent children.

RELEASE and WAIVER of LIABILITY and HOLD HARMLESS AGREEMENT

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN YMCA CAMP COLLINS PROGRAMMED ACTIVITIES, I AGREE TO THE FOLLOWING: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in YMCA Camp Collins program areas or activities. I hereby expressly release, discharge and hold harmless from any liability, losses, causes of action, expenses and/or claims for damages whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally or by willful misconduct by such parties. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand the risks involved in participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I am physically able to participate in all the program areas listed above. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that the risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This waiver and release will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make then enforceable, and shall not effect the enforceability of any other provisions.

I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT, AND I SIGN IT VOLUNTARILY

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Photo Release: I authorize the YMCA to have and use photographs, slides and/or videotapes of me, the participant, as may be needed for its public relations programs.

Signature: _____ Date: _____