

YMCA CAMP PIOMINGO

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK & RELEASE

Whereas, the undersigned (the "applicant") wishes to be accepted for participation in a challenge course experience conducted by the YMCA Camp Piomingo/Louisville; and in consideration of YMCA Camp Piomingo/Louisville action in allowing the applicant to participate in such programs:

The undersigned acknowledge(s) that during the said activities that the applicant is requested to participate in, that certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people and being at various heights (ground to 50'), accident or illness in remote places without medical facilities, the forces of nature and travel by air, train, boat, automobile or other conveyance. The undersigned further recognizes risk may also include loss or damage to personal property, physical or psychological damage and or injury not excluding fatality due to accidents, which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes to hours away in the event of a medical emergency.

In consideration of and as part of payment for the right to participate in such a program and the services and food arranged for me by YMCA Camp Piomingo, its board of management, officers, employees, agents, and/or associates I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and of nature whatsoever, weather from bodily injury, property damage or loss of otherwise, which I now have or which may arise from or in connection with my program or management, officers, employees, agents and/or associates, and their heirs, executors, and administrators. The terms hereof and my signature on this document shall bind my heirs, representatives, executors and administrators, successors, and assigns and for all members of my family, including any minors accompanying me. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my participation in the YMCA Camp Piomingo/Louisville program is entirely VOLUNTARY and that I may excuse myself from participation if I so desire.

Representation & Emergency authorization

I hereby give permission to the medical personnel selected by Camp Piomingo to order injection and/or anesthesia and or surgery for me. Such authorization for emergency treatment shall also include, but not limited to, charges incurred for the providing of aid and arranging evacuation of Camp Piomingo, or its agents, determine that such evacuation is necessary and desirable.

Name of participant: _____

Signature of participant: _____ Date: _____

Witness: _____ Date: _____

Parent/ legal guardian: _____ Date: _____

(Legal guardian must sign if participant is under 18 years old)