Southern District YMCA Camp Lincoln
Program Participant Information, Assumption of Risk, and Agreements of Release and Indemnity

School/Organization: _____ Program Date(s): _____

Welcome to YMCA Camp Lincoln! Please read and complete this document carefully. This form must be completed and signed by the participant (if 18 or over8) or a parent or guardian prior to participating in our programs.

YMCA Camp Lincoln programs are designed to be fun and exciting. Participants can engage in a variety of teambuilding activities, low and high ropes courses, boating, ecology lessons, and more. Our trained facilitators lead each group through a progression of age-appropriate activities with the intention of working toward their stated goals. Common goals include building self-confidence, creating trust within a group, communication skills, developing leadership skills, and problem solving skills. Safety is the number one priority of the program. Every participant has the opportunity to choose their level of participation. Following the safety procedures and guidelines and exercising good personal judgment will minimize the risks involved. It is important for participants to accept personal responsibility for their own safety and the safety of other members of the group by following instructions. Please contact YMCA Camp Lincoln with any program questions. We are excited to host you soon!

## General Participant Information

Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Zip: _____

Gender: _____ Phone: _____ E-Mail: _____

Parent or Guardian's Name (If Participant under 18): _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

## Emergency Contact Information

In the event of an emergency, where parents/guardians cannot be reached, Staff may contact:

Name:_____ Relationship: _____

Phone: _____ E-Mail: _____

## Medical Information

Does the participant have any medical or behavioral conditions (past or present) that could interfere with fully participating in the program? Yes No If yes, please describe:

_____

Is the participant currently taking any medications? Yes No
If yes, please give the medication(s) name and the condition for which it is described:

_____

Does the participant…

| | | | | | |
|---|---|---|---|---|---|
| Have any allergies? | Yes | No | Had a recent injury or infectious disease? | Yes | No |
| Have a chronic or recurring illness? | Yes | No | Have any seizure disorders? | Yes | No |

## Assumption of Risk and Agreements Release & Indemnity

In considering the services of YMCA Camp Lincoln in offering these activities, I myself (or Parent on behalf of my minor child) agree to the following:

### Assumption of Risk

By signing this agreement, I hereby give permission for the participant to participate in all of the activities provided during their scheduled visit. I recognize that YMCA Camp Lincoln will operate in good faith. However, situations may arise when the staff may find it necessary to terminate an activity. The staff may also refuse or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of any activity. I acknowledge that no guarantees have been made with respect to achieving objectives. I fully understand YMCA Camp Lincoln programs will subject me (my child) as a participant to certain stresses and hazards, not all of which can be foreseen. I understand that reasonable precautions will be taken to protect myself (my child) as a participant but that risk or injury can never be completely eliminated. I do, therefore, assume all of the ordinary risks normally incidental to the nature of this course, including risks that are not specifically foreseeable.

### Release and Indemnity

In consideration of my use as a participant in all program activities, I, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, hereby do release Southern District YMCA / Camp Lincoln, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against Southern District YMCA / Camp Lincoln on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my (or my child's) participation in program activities whether that participation is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the negligence of Southern District YMCA / Camp Lincoln, its officers, agents, and employees. In consideration of my program participation, I, the undersigned user, agree to indemnify and hold harmless Southern District YMCA / Camp Lincoln, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my (or my child's) program participation. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the program activities and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while participating in the program that by this agreement Southern District YMCA / Camp Lincoln of any and all liability for such loss, damage, or death. I further certify that I (my child) am in good health and have no physical limitations which would preclude my (or my child's) safe participation in program activities. I further certify I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement or can provide the signature of my legal parent / guardian. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will. In witness whereof, this instrument is duly executed at Southern District YMCA / Camp Lincoln.

### Communication and Photo Release

By signing this Agreement, I hereby give my permission for the Southern District YMCA/Camp Lincoln Inc. to reproduce or distribute any photo, video, or sound recording taken during my program and use or publish this likeness for YMCA purposes, and I release the YMCA from any claims for such use. If I wish that my or the participants photo not be taken or used, I must give a written request to the Director of Camping. I understand that Southern District YMCA / Camp Lincoln has permission to send emails sharing information about YMCA Camp Lincoln's variety of year-round programs including summer camp, family camp, vacation camps, and more.

Signature of Participant, Parent, or Guardian: _____ Date: _____