



YMCA Camp Potawotami Participation Agreement

DISCLOSURE

YMCA Camp Potawotami programs involve a variety of activities that often include games, group initiative problems, climbing, archery, canoeing and other physical adventure activities. (The level of participation in a YMCA Camp Potawotami program activity is at all times completely up to the individual's choice.) Yet, there is a risk, which must be assumed by each participant, that s/he may suffer an emotional/physical injury or disability.

Policy for participation in all YMCA Camp Potawotami programs requires that each participant have health/accident insurance cover. In addition, certain health/medical information must be made known to the facilitator(s) conducting the programs, so that they are prepared to respond appropriately if the need arises. The information will be held in confidence. Please complete the form and return to YMCA Camp Potawotami prior to participating in any activities at YMCA Camp Potawotami.

PARTICIPANT INFORMATION—PLEASE PRINT

Participant Name _____ Group Name _____

Birth Date _____ Age _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone Number _____

1. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? YES NO

a. If YES, please identify and explain: _____

2. Do you have health/accident insurance? YES NO

a. If YES, please list the company: _____

3. Is there additional information the YMCA facilitator(s) should know about that would assist us with providing a quality and safe experience?

RELEASE OF LIABILITY & PHOTO RELEASE—PLEASE READ BEFORE SIGNING

I understand that parts of the YMCA CAMP POTAWOTAMI program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in YMCA CAMP POTAWOTAMI activities. I recognize the inherent risk of injury or disability in YMCA Camp Potawotami activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities.

I release YMCA CAMP POTAWOTAMI and the YMCA OF GREATER FORT WAYNE, its employees, members, trustees, board of managers, independent contractors from all liability, damages, costs and expenses arising out of or relating to bodily or physical injury, loss of life or personal property that may occur as a result of participating in YMCA programs. I also waive and release my photograph or likeness for any reason or purpose. *I acknowledge that I have read and understand all of the above.*

PARTICIPANT SIGNATURE DATE

* PARENT/GUARDIAN SIGNATURE DATE

*Required if participant is under 18 years of age.