

# Camp Manito-wish YMCA Program Waiver

## *Manito-wish Group Climbing Wall*

### **Understanding of Risks, Acceptance of Responsibilities**

(to be signed by **participant and parent/guardian**, where appropriate)

Name: \_\_\_\_\_ Group/School: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ (if under 18)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please read the following statements carefully. Then *date and sign* this form on the bottom indicating that you have read and understand this document. Participants under the age of 18 must have a parent or guardian signature.**

- I accept the fact that, while the program leaders are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control. I understand that I will be exposed to risks of nature and to elements over which neither Camp Manito-wish YMCA nor its employees have any control.
- I agree to follow all instructions and guidelines given by the Camp Manito-wish YMCA staff, and to act in a safe and responsible manner toward all participants.
- I will not use equipment or be present on the ropes course or any body of water without Camp Manito-wish YMCA staff present.
- I agree to notify my group leader of any changes to my health and fitness which may occur during programming.
- I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as explained to me by the group leader and the Camp Manito-wish YMCA staff.
- I give and grant Camp Manito-wish YMCA permission to use pictures of myself for promotional purposes. Professional and candid photographs and video of participants may be taken at camp and on the trail. These photos may be used for publication in promotional materials including the Camp Manito-wish YMCA website. Please let us know, in writing, if you have any objections. Participants may submit photographs for possible inclusion.
- I understand that I am responsible to my group leader to share any needed medical information as requested for participation in the program.

Participant/Parent (guardian) Signature: \_\_\_\_\_

\*\*\* Participants under age 18 must have a parent/guardian signature.

Date: \_\_\_\_\_