

**CAMP CROSLY YMCA
RELEASE OF LIABILITY WAIVER**

Participant's Name: _____ Group: _____

PLEASE READ CAREFULLY

Although precautions are taken to provide proper organization, instruction and equipment for your participation in our program there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I understand that my child may be involved in activities including but not limited to sailing, water-skiing, horse riding, canoeing, swimming, team building initiatives, boating, ropes course, climbing, rappelling and/or other physical activities. I acknowledge that my child may decline to participate in any activity. **Any participation will be voluntary.**

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls; and that I should ask about other potential hazards and recommend precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which my child will be engage in, I confirm that my child is physically and mentally capable of participation in the activity and/or using equipment. I understand that my child will be participating willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

On behalf of my child, I assume the risk(s) of personal injury, accidents and or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge of any weapon; shock, paralysis and/or death; and acknowledge that during the activity.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of my child and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on the behalf of my child.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release: th Muncie Family YMCA, the Muncie YMCA if Indiana Inc., Camp Crosley YMCA, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Signature (Parent/ Guardian if under 18): _____
(please sign)

Date: _____