

YMCA Camp Hanes Participant Information and Agreement

Participant Name _____ Age _____

Home Phone () _____ Alt. Phone () _____

Address _____

City _____ State _____ Zip _____

Group Name _____ Event Date _____

Emergency Contact _____

Home Number () _____ Alt. Phone () _____

AS A PARTICIPANT / PARENT OR GUARDIAN I UNDERSTAND THAT:

YMCA Camp Hanes is not making a determination of a participant's fitness for an event; rather, the participant represents to YMCA Camp Hanes and verifies that they are physically fit and ready for an event. It is important to discuss all medical conditions and/or physical activity concerns with a YMCA Camp Hanes Staff member prior to participation in all activities. All information given will be held in strict confidence. I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/y child and/or others during an event. I represent and warrant that I have provided all materials and important information to YMCA Camp Hanes pertaining to my medical, mental and physical condition related to my participation. Medications (prescribed or over the counter) arriving with participants must be in original pharmacy labeled containers and kept with the group leaders. YMCA Camp Hanes staff is not permitted to administer any medications.

Participants are required to wear closed toe, tie on shoes for ropes course and teambuilding activities. Please come dressed appropriately by wearing comfortable clothing, please no tank tops, shirts with bare backs or tube tops should be worn. Long pants are suggested but if you wear shorts make sure they are long in length for our physical activities. Please come prepared to remove any jewelry.

Please circle either yes or no for the following questions. Do you (the participant) have currently or have a history of:

- | | |
|---|--|
| 1) Yes No Diabetes or Blood Sugar Problems | 6) Yes No Heart Disease |
| 2) Yes No Musculoskeletal injuries, breaks, sprains | 7) Yes No High Blood Pressure |
| 3) Yes No Asthma or Respiratory Problems | 8) Yes No Mental or Neurological Problems |
| 4) Yes No Orthopedic Conditions that are aggravated by physical activity | 9) Yes No Are you Pregnant |
| 5) Yes No Epilepsy or Seizure | 10) Yes No Bleeding Disorders |

Please explain any "yes" answer(s) below, attach additional page(s) if necessary.

Please list any allergies (including but not limited to medication, food, insect stings, plants, etc.)

Please list any additional medications you are required to take on a regular or emergency basis.

AS A PARTICIPANT/PARENT GUARDIAN I UNDERSTAND & AGREE THAT:

Participation in challenge course activities entails know and unanticipated risks which could result in physical or emotional injury or damages to myself/my child, to property or to third parties. I acknowledge that such risk can not be eliminated without jeopardizing the essentials qualities of the activity. The risks include, among other things the potential for: slips, falls, and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more that could create hazards such as stings, allergies, and associated diseases.

YMCA Camp Hanes programs are based on the "challenge by choice" principle. At any time you and/your group are free to withdraw from participation in ropes course and other activities.

YMCA Camp Hanes takes precautions to insure that challenge course and ropes course programs are conducted by qualified personnel in a safe and responsible manner and that all physical structures are inspected and maintained on a regular basis. However, I further understand that these activities involve certain risks, both physical and emotional. I acknowledge and assumer the risk of injury and/or disability inherent with being an active participant in YMCA Camp Hanes challenge/ropes course activities.

Parts of this program can be physically demanding and the potential for injury to myself/my child exists even though safety systems are provided. Failure to follow safety instructions may lead to a participant's removal from the group or activity. Discretion is left entirely to YMCA Camp Hanes staff to determine whether and when removal is appropriate.

I have disclosed all medical conditions and all physical activity concerns on the attached "YMCA Camp Hanes Participant Information/Agreement." The YMCA Camp Staff will not disclose and medical conditions or concerns to any parties or to other participants except as may be required in the case of an emergency.

I agree that YMCA Camp Hanes may photograph or record audio or video to use for marketing or publicity purposes.

AS A PARTICIPAT/PARENTOR GUARDIAN, I AGREE:

To hold harmless YMCA Camp Hanes, The YMCA of Northwest North Carolina, and their officers, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense cost and attorney's fees, arising from activities under this agreement. To authorize YMCA Camp Hanes to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency and along with the group leader, YMCA Camp Hanes will notify the parents, guardians or emergency contacts of the participant as soon as possible.

By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand and agree to all points herein contained within this document. Any participants under 18 Years of Age must have a parent/guardian signature in addition to their own.

Participant Name (Printed) _____

Parent/Guardian Name (Printed) _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____