



SERVING NEWTON, WESTON, WELLESLEY, WATERTOWN AND BELMONT
276 Church Street, Newton, Massachusetts 02458

▼ PHONE: 617-244-6050

▼ FAX: 617-964-8472

▼ WEB: WWW.WESTSUBURBANYMCA.ORG

**West Suburban YMCA Challenge Course and Adventure Programs
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

In consideration of being permitted to participate in the Camp Chickami Challenge Course Program and/or Camp Frank A. Day Adventure Program (hereinafter referred to as "program") and activities of the West Suburban YMCA (hereinafter referred to as "YMCA,") the undersigned is aware that the program involves a variety of activities including warm-ups, group initiatives, low and high challenge course elements, and possibly other rigorous physical adventure activities and is aware of the physical and emotional risks inherent in the participation in such activities and in the use of YMCA equipment and facilities. Furthermore the undersigned has been advised of the voluntary nature of the program and is aware that they may decline to participate in this program, or any part of this program, if they so choose.

In further consideration of being permitted to enter the YMCA property for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, each of the undersigned hereby agrees to the following:

1. To release, waive, discharge and covenant not to sue the YMCA and all branches thereof, its directors, officers, employees, representatives, affiliates, parent entities, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. To indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. To assume full responsibility for any risk of bodily injury, death or property damage due to negligence of releasees or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. To approve and release to the YMCA the use for any purpose of any photographic or video recorded image of the participant listed below.
5. To give permission for transportation to any medical facility or hospital, and to authorize any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is unconditional and is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned as participant and/or parent or guardian of the named participant, have read and voluntarily sign this release and waiver of liability and indemnity agreement with the intent of affirming and making effective all representations made herein. I further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PARTICIPANT (print name)

PARTICIPANT SIGNATURE

DATE

Parent or legal guardian must sign below for any participants under 18 years of age.

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE

DATE



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MEDICAL INFORMATION FORM

Thank you for taking a moment to complete this medical history information. This information helps us ensure the safety and enjoyment of our participants. The information you provide will be kept private and only shared with your permission.

Participant Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

1. List allergies: (i.e. insect bites, drugs, food, etc. *Note*: Counteractive medication should be carried at all times.)

Circle one: NONE YES...

2. List any current medical conditions: (i.e. asthma, diabetes, epilepsy, heart conditions, pregnancy, etc.)

Circle one: NONE YES...

3. List any medications currently taken:

Circle one: NONE YES...

4. List any previous serious illness or injury: (i.e. kidney transplant, recent surgery, healing fracture or joint injury, etc.)

Circle one: NONE YES...

5. List any other condition that may affect your ability to participate:

Circle one: NONE YES...

Emergency Contact: _____

Daytime Phone: _____

Relationship to Participant: _____

Evening Phone: _____

Doctor: _____

Doctor Phone: _____

Insurance Provider: _____

Policy #: _____

AUTHORIZATION TO TREAT A MINOR

Must be completed for all participants under the age of 18.

I grant my authorization and consent for West Suburban YMCA (hereafter referred to as "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. This participant is responsible for all medical expenses incurred.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE / DATE