



YMCA CAMP CHINGACHGOOK
Capital District YMCA
ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY WAIVER

Participant Name _____

Additional Family Members _____

Home Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ / _____

YMCA Camp Chingachgook programs incorporate activities that vary from games and initiatives, to strenuous challenges involving hiking, climbing, watersports, and other recreational and educational pursuits. Participants may choose the level at which they wish to participate. They must understand that although safety is the highest priority at YMCA Camp Chingachgook, there are risks involved. Certain risks cannot be eliminated without damaging the uniqueness of the activities. This form must be completed and signed prior to participation.

Acknowledgment of Risk

The risks involved in all activities at YMCA Camp Chingachgook include, but are not limited to:

- All manner of injury resulting from environmental factors, including sunburn, heat stroke, heat exhaustion, hypothermia, drowning, headaches, outdoor allergies, insect bites, and animal bites.
- All manner of injury resulting from falling from both permanent and portable initiative structures and climbing walls.
- Cuts, abrasions, slips and falls, muscular-skeletal injuries including pulled muscles, dislocations, broken bones, strains, and sprains resulting from participation in activities on or near the climbing wall, high ropes course, or other activity area such as, but not limited to, climbing, belaying, lowering on a rope, and any other rope techniques.
- Rope abrasion, entanglement and other injuries resulting • Injuries resulting from other participants or equipment, such as, but not limited to, ropes, climbing hardware, and dropped or broken holds.
- Injury or death resulting from failure of equipment, or any part of an activity area and its accompanying equipment.

I understand that this list is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

*** Please Sign on Reverse ***



I hereby authorize any medical treatment deemed necessary in the event of an emergency while under the supervision of Camp Chingachgook staff. I either have appropriate insurance or, in its absence, agree to pay all costs of medical services incurred on my behalf.

In consideration of services provided for myself and/or any minors for which I am a parent, legal guardian, or otherwise responsible do hereby release Capital District YMCA dba YMCA Camp Chingachgook, its directors, staff, participants, and volunteers, from all liability and waive any claim for damage arising from any cause.

I give consent for the use of any photographs, slides, or video which may include myself or my family member(s) to be used in Capital District YMCA promotional materials.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the Capital District YMCA Camp Chingachgook from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this program.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my legal rights. I agree to be bound by its terms. I have read and understand the above acknowledgement of risks, release for medical treatment, photo release, and release of liability.

Signature of Participant: _____ Date: _____

Print Name: _____

IF USER IS UNDER 18 YEARS OF AGE, PARENT/LEGAL GUARDIAN MUST CONSENT: I as parent or legal guardian of the above minor under the age of 18 years, hereby give my consent to the terms and conditions set forth in this release form.

Parent / Legal Guardian Signature: _____ Date: _____

Print Name: _____