

YMCA Camp Willson

Challenge Course Facility Assumption of Risk and Release of Liability *High Ropes is available to participants ages 12 and older.*

I understand that my / my child's participation in programs offered by YMCA Camp Willson is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I/my child will choose my level of participation in any activity.

I understand that climbing, high ropes course, ground initiatives, and other activities in the program for which I/my child have enrolled, entails certain risks. Those risks can include increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of other serious injuries. **I elect to participate/have my child participate in spite of these risks.**

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my /his/her participation, and do hereby release YMCA of Central OH, Camp Willson and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I/my child be injured during this training, I hereby authorize any medical care that is deemed in my best interest.

I furthermore agree to follow the YMCA's safety and facilitation techniques as taught and illustrated during the facilitation training in which I am a participant. I understand that if I vary from these techniques that I may be liable in the event of injury, physical, emotional or otherwise. This portion of the agreement shall be in effect from this day forward.

My child and/or I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I have informed YMCA Camp Willson trainers in writing on the reverse of this form of any relevant medical conditions that could affect my participation in this program. I am signing this form of my own free will and I am not under duress to sign this form.

\_\_\_\_\_  
Signature of Participant (required)                      Date              Age              Printed Name of Participant

\_\_\_\_\_  
If under 18, Signature of Parent/Guardian                      Date                      Printed Name of Parent

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