



## Leadership Program Understanding of Risks, Acceptance of Responsibilities

(to be signed by participant AND parent/guardian, where appropriate)

Leadership Group/School Name: \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Which of the following best represents your racial or ethnic heritage? Gender: \_\_\_\_\_

- I prefer not to answer this question
- White
- Black or African American
- Hispanic/Latino or of Spanish Origin
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more

\*Camp Manito-wish YMCA is committed to protecting your privacy. Your information is kept confidential and used by Camp Manito-wish YMCA and YMCA of the USA to better serve our communities.

**Please read the following statements carefully. Then *date and sign* the form on the bottom indicating that you have read and understand this document. Participants under the age of 18 must have a parent or guardian signature.**

- I accept the fact that, while the program leaders are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control. I understand that I will be exposed to risks of nature and to elements over which neither Camp Manito-wish YMCA or its employees have any control.
- I agree to follow all instructions and guidelines given by the Camp Manito-wish YMCA staff, and to act in a safe and responsible manner toward all participants.
- I will not use equipment or be present on the ropes course, indoor rock wall, body of water or Camp property (unless designated) without Camp Manito-wish YMCA staff present.
- I agree to notify **my group leader** of any changes to my health and wellness which may occur during programming.
- I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as explained to me by **my group leader** and the Camp Manito-wish YMCA staff.
- I give and grant Camp Manito-wish YMCA permission to use pictures of myself for promotional purposes. Professional and candid photographs and video of participants may be taken at camp and on the trail. These photos may be used for publication in promotional materials including the Camp Manito-wish YMCA website. Please let us know, in writing, if you have any objections. Participants may submit photographs for possible inclusion.
- I understand that I am responsible to **my group leader** to share any needed medical information as requested for participation in the program.

**Parent/Guardian Signature Required (see page 2)**

**Waiver of Liability:**

[camp@manito-wish.org](mailto:camp@manito-wish.org), [www.manito-wish.org](http://www.manito-wish.org)

P.O. Box 246, Boulder Junction, WI 54512-0246 P. 715-385-2312 F. 715-385-2461



In consideration for being allowed to participate in the Camp Manito-wish YMCA programs, I agree to assume the risk of such activities and programs, and further agree to hold harmless the Camp Manito-wish YMCA Inc. and its staff members from any and all claims, suits, losses, or relative causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for my child or me to participate in all planned camp activities including out-of-camp trips by vehicle, hiking, paddling, understanding that competent leadership is provided. Camp Manito-wish YMCA is not responsible for lost, stolen, or damaged personal articles. I acknowledge that this General Release of Liability of Camp Manito-wish YMCA is binding on me personally and my heirs, personal representatives, successors, and assigns.

**Authorization of Treatment:**

I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine test, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child or me as named above.

**Permission for use of Media:**

For my participation in activities to be conducted by Camp Manito-wish YMCA and/or YMCA of USA (collectively "the Y") and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experiences.

My consent includes a perpetual license to the Y and collaborating with third parties for the use of the materials for publication, display sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptation and/ or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*Participants under age 18 **must** have a parent/guardian signature.

Email: \_\_\_\_\_ Date: \_\_\_\_\_

\*EMAIL OPTIONAL - include if you would like to be included in Camp Manito-wish YMCA program mailings.