

**YMCA OF THE ROCKIES
ACKNOWLEDGMENT OF RISK/
WAIVER OF LIABILITY AGREEMENT**

**Children's Form
(Under 18 years of age)**

THIS IS AN ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY. BY SIGNING BELOW I AM AGREEING TO RELEASE THE YMCA OF THE ROCKIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY.

I acknowledge that having my child participate in outdoor and adventure activities at the YMCA of the Rockies includes inherent risks, hazards, and dangers that cannot necessarily be predicted or controlled. I further understand that not all inherent risks, hazards and dangers can be eliminated, and that the inherent risks of the trips/activities can cause property damage, injury, illness, paralysis or death. Some of the activities my child may be involved with include, but are not limited to: wilderness travel and activities, bouldering, rock climbing, crafts, mountain biking, low and high ropes challenge courses, archery, rafting, fishing, overnight camping, and other program activities.

I give my permission for my child to use any and all equipment necessary for participation in the program. My child may participate in any trips and activities organized by the staff of the YMCA of the Rockies. My child may travel via public carrier, or in vehicles owned and/or operated by the YMCA of the Rockies.

I HAVE READ AND AGREE TO ALL THE TERMS. I AGREE TO RELEASE THE YMCA OF THE ROCKIES, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, OR ASSIGNS OF ANY AND ALL LIABILITY, AND RESPONSIBILITY FOR ANY LOSS/DAMAGE TO PROPERTY, OR PERSONAL INJURY, PARALYSIS OR DEATH INCURRED DURING THE SESSION IN WHICH MY CHILD IS PARTICIPATING. I FURTHER UNDERSTAND AND AGREE THAT ALL ASPECTS OF MY AND MY CHILD'S RELATIONSHIP WITH THE YMCA OF THE ROCKIES WILL BE GOVERNED BY COLORADO STATE LAW.

Camper Name: _____

Age: _____

Parent/guardian signature

Printed Name

Date

Parent/guardian signature

Printed Name

Date

Camper's signature

Printed Name

Date

This box must be signed in order for your child to participate in YMCA led activities.

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine health care, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of the Rockies to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off grounds.

Signature of parent or guardian: _____ Date: _____