

# Camp Manito-wish YMCA Leadership Programs

## Understanding of Risks/Acceptance of Responsibilities

Name \_\_\_\_\_ Group \_\_\_\_\_

### Participants:

Please read the following statements carefully and initial each. Then date and sign this form. If you are under the age of 18, you must attain a parent or guardian's signature as well.

\_\_\_\_\_ 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 Manito-wish nor its employees have any control.

\_\_\_\_\_ I agree to follow all instructions and guidelines given by the Manito-wish staff, and to act in a safe and responsible manner toward all participants.

\_\_\_\_\_ I will not use equipment be present on the ropes course or any body of water without Manito-wish staff present.

\_\_\_\_\_ I agree to notify Manito-wish staff of any changes to my health and fitness that may occur during programming.

\_\_\_\_\_ I fully comprehend and willing assume the responsibilities and risks of participating in this program as explained to me by the Manito-wish Leadership staff.

\_\_\_\_\_ I give and grant Camp Manito-wish YMCA permission to use pictures of myself for promotional purposes.

\_\_\_\_\_ I (the participant)/I (the parent or guardian of the participant) hereby give permission to the physician selected by the Camp Manito-wish YMCA to order X-rays, routine tests, and treatment for illness of injury. In the event that I (the participant) am incapacitated or I (the parent or guardian) cannot be reached during an emergency, I (the participant/parent or guardian) give permission to the physician selected by the director or any medical facility to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child named above. I (the participant/parent or guardian) accept responsibility for medical/surgical treatment charges that may be incurred on my/my child's behalf.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Failure to complete and return this form may disqualify you from participating.**

**Return by April 1, 2010to:**

**Morgan Data Solutions**  
2830 Agriculture Drive;  
Madison, WI 53718  
608-204-9835