

APPRECIATION OF RISK FORM
CLIMBING WALL, ARCHERY, ROPES COURSE & OTHER EVENTS
METROWEST YMCA

PARTICIPANT(s):

I and my family have voluntarily undertaken the use of the **MetroWest YMCA Climbing Wall, Archery, Ropes Course, or other Adventure or Outdoor Education Program (write in):**

_____. This release form may be completed ONLY by an adult in the household and ONLY for spouse and children in said household.

Appreciation of Risk

I and my family members understand that the program I am about to undertake is at my own risk. I understand that the challenge course, climbing wall, archery, and adventure activities involve physical and emotional challenges. I understand that it is clearly my responsibility to determine the appropriate degree and style of my participation. I am aware of the risks of participation, which include, but are not limited to, minor injuries such as bruises, contusions, broken bones, concussions, and catastrophic injuries such as paralysis and even death. I am aware that the course and activities are supervised by trained staff, skilled in the safe operation of the facility.

Photo Release

I allow the YMCA's use of my child's photo image, voice, and video in promotional materials and online posts unless specifically noted otherwise in writing. I understand the use of photo/video equipment by my child's host organization (school, organization, and program) or other participants from same organization is at that organization's discretion and not the YMCA's.

Health

I affirm that mine and my family's health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the activities (e.g. heart conditions, pregnancy, diabetes, etc.). Please list any current injuries, disabilities or illnesses exist that are pertinent to your participation, as well as any medications we may need to be aware of:

First Aid & Emergency Care

In the event of a medical emergency, I authorize the staff to administer first aid and attain further medical treatment and transport me/family to a medical care facility where medical professionals may perform the necessary procedures.

Acknowledgement

By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I and or my family members will be participating in, the risks associated with each activity, the concept of "Challenge by Choice", and my responsibility to know my own limits. By signing I also affirm that I speak for and acknowledge all of the above on behalf of any additional family members listed at the top of this form

EMAIL: _____ Date: _____

SIGNATURE of Participant if over 18, or Parent/Guardian if under 18:

Signature of Parent/Guardian if under 18

Home Phone: _____ Cell Phone: _____

Emergency Contact: Name: _____ Best Phone Number: _____

Belay Authorization

In addition to MetroWest YMCA Employees who have completed Level 2, 3 or 4 belay and ropes training I authorize the following people to belay myself and family members. If not an employee each individual must complete and pass the Adult Belay Program with a MetroWest YMCA Employee. Leave blank if no one in addition to YMCA employees. Only Parent/Guardian's may authorize belayers for their own family members. They may not authorize for other guests. Must include and authorize family belayers.
