GROUP NAME: ______________________________________  PROGRAM DATE: _______________

PARTICIPANT’S NAME: ________________________________________________________________

I have voluntarily undertaken the use of the MetroWest YMCA Climbing Wall, Archery, and Challenge / Ropes Course.

Appreciation of Risk
I 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 my 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. If any current injuries, disabilities or illnesses exist that are pertinent to your participation please list, additionally, please list 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/or attain further medical treatment and transport me 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 will be participating in, the risks associated with each activity, the concept of “Challenge by Choice”, and my responsibility to know my own limits.

SIGNATURE: ______________________________________ Date: __________________________

PARENT’S NAME IF UNDER 18: __________________________

SIGNATURE of Parent/Guardian if under 18: __________________________

Home Phone: __________________________ Cell Phone: __________________________

EMAIL: __________________________

Emergency Contact: Name: __________________________ Best Phone Number: __________________________