CAMP CARTER YMCA
CHALLENGE COURSE
RELEASE OF LIABILITY FORM

Name of Participant _______________________________________________ Age ____________
Please print

Any person using the Challenge Course must sign a Release of Liability Form to participate.
Please complete and return to the instructor, teacher or camp office.

Medical Information:
I am aware that participating in any physical activity may be dangerous. Because of the
inherent dangers of participation in such activities, I recognize the importance of following
directions of the facilitator/instructor to the best of my ability. So that a facilitator/instructor
may be properly informed, I fully disclose the following medical information (If nothing
please so indicate).
I am currently under a doctor’s care for:
_____________________________________________
I am currently taking the following medication(s):
_____________________________________________
I am allergic to the following medication(s) or allergen(s):
_____________________________________________
The following medical condition(s) might affect my participation:
_____________________________________________

Release of Liability:
I understand that part of the Camp Carter Challenge Course program may be physically or
emotionally demanding. I affirm that 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
Challenge Course activities. I understand that each participant must assume the risk of
physical injury that could result from any of these activities. I hereby consent to first aid
and/or emergency medical care for treatment of injuries that I may sustain while
participating in any activity associated with Camp Carter YMCA. I, the undersigned for
myself and my heirs, do hereby release the YMCA of Metropolitan Fort Worth and its
employees and agents from any and all claims for injury, loss, or damage I, or my child,
may suffer as a result of my/their participation, including any injury caused by the
negligence, if any, of the YMCA, its officers, employees, agents, volunteer, or the negligence
of anyone else. I have carefully read this Release of Liability and fully understand its
content. I give my permission to the YMCA of Metropolitan Fort Worth to use photographs,
film footage, or tape recordings, which may include my image or voice for the purposes of
promoting or interpreting YMCA programs for no compensation.

Participant Signature: ___________________________ Date: ______

Parent/Guardian Signature (if under 18):
_____________________________ Date: ______

E-mail address, please write below. Camp Carter YMCA will never share this with anyone.