



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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.