



**YMCA CAMP HENRY ADULT PARTICIPANT
CONSENT AND WAIVER OF LIABILITY
For Participants Over the Age of 18 Years**

SESSION: _____ ("Program")

PARTICIPANT'S SURNAME: (PRINT) _____

PARTICIPANT'S FIRST NAME: (PRINT) _____

DATE OF BIRTH: ____/____/____ (month/day/year)

ADDRESS: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

In consideration of being allowed to participate in any way in the Program offered by the YMCA, or related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is a potential for the risk of injury from participating in this Program, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. I am voluntarily assuming said risks, including but in no way limited to: injuries from physical exertion; injuries caused by my action or inaction; other participants, program equipment or structures, buildings; changing weather conditions; changes or variations in the terrain; slips, trips, and falls; encounters with nature including toxic plants and animals; failure to stay within my own ability; injuries related to water-based activities and use of water-craft for recreation; negligence or the acts or omissions of other participants; communicable diseases and viruses.
2. ALL SUCH RISKS ARE KNOWINGLY AND FREELY ASSUMED, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and Participant assumes full responsibility for participation.
3. Participant willingly agrees to comply with the stated and customary terms and conditions for participation. If however they observe any unusual significant hazard during participation, they will remove themselves from participation and bring such to the attention of the nearest YMCA staff immediately.
4. I understand that I am, at all times, responsible for the supervision of children who are my family members or guests while at Camp Henry. If I choose to participate in an activity that is not under the specific supervision of a YMCA staff member, I am doing so at my own risk.
5. Participant hereby, in their personal capacity, and also as parent and/or guardian the Participant, and on behalf of heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, YMCA of Southwestern Ontario, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DISEASE, VIRUS, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, BUT ONLY IF ARISING OUT OF MY SOLE NEGLIGENCE. I further certify that I have no conditions or impairments which would preclude my safe participation.



HEALTHCARE ACKNOWLEDGMENT

I recognize and understand that while the YMCA has implemented measures to reduce the spread of communicable diseases, the YMCA cannot guarantee that participants will not become infected communicable illness or disease while attending Camp Henry or participating in the programs.

I understand that I am responsible for the health, wellness and safety of myself, my family members and guests and will care for the medical needs of family members and guests. I will take actions to prevent the spread of communicable diseases; I agree to adhere to the safety guidelines in effect in the Province of Ontario, the Simcoe Muskoka District Health Unit, and the YMCA of Southwestern Ontario while visiting Camp Henry. I release the YMCA of Southwestern Ontario from all health care responsibilities.

CODE OF CONDUCT

The safety of each individual is of the utmost importance to the YMCA. I and my family recognize a personal responsibility to learn and abide at all times safety and other rules established by the YMCA staff. I and my family understand that any behaviour that places me and/or my family, or others, at risk may result in immediate dismissal from the program. I agree to assume any expense(s) arising from program dismissal. I understand no refund will be granted for my or my family's dismissal or removal before the end of a camp session.

To ensure the safety and well-being of all participants, the YMCA of Southwestern Ontario reserves the right to alter the program at any time without compensation to participants, parents, or guardians.

At YMCA Camp Henry it is our goal to provide a safe, comfortable and supportive environment for each individual. It is a positive space, where people of any background, belief and ability are welcomed and respected. All YMCA participants, volunteers, and staff are expected to treat one another with our core values of Honesty, Caring, Respect, Responsibility and Inclusiveness at all times.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND CODE OF CONDUCT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNED THIS _____ / _____ / _____ (month/day/year)

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT