

Waivers

Flat Rock River YMCA Camp requires EVERY participant and guardian to sign a waiver. This waiver must be brought with the trip coordinator and given to Bobby upon arrival. The waiver is below:

Waiver/Release Form

I give permission for myself (or if written below, my child) to participate in camp activities. I understand that there are risks associated with any program requiring physical activity. I agree that it is my responsibility to receive clearance from my physician before participating in this or any physical activity. I further understand and agree that the Young Men's Christian Association of Greater Indianapolis ("YMCA") does not assume any financial responsibility for medical expenses and/or compensation for any injury that I may suffer or loss or damage I may incur during or resulting from participation in this program or any other activities sponsored by the YMCA or conducted at the YMCA's facilities. I promise and agree on behalf of myself, my heirs, agents, assigns, executors and administrators not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and all other personnel or entities acting on its behalf from all claims, demands, rights and causes of action of any kind, whether arising from my own acts or those of the YMCA. I hereby waive all claims for personal injury or property damage, suffered by me, my spouse, my partner, or family member in connection with or arising out of my participation in any YMCA program or activity, now or in the future, and I accept, assume and incur all responsibility for the risk of injury from such activity and exercise. I further agree to hold harmless and indemnify YMCA for any and all costs, including legal fees, incurred as a result of any claims for personal injury or property damage suffered by me, my spouse, my partner, or family member in relation to my participation in this or any future programs sponsored by the YMCA or conducted at the YMCA's facilities.

Signature

Printed Name

Childs Name if under 18

Address

City, State, Zip

Date