

School Name \_\_\_\_\_

Dates of Camp \_\_\_\_\_

# Valley of the Sun YMCA Camping Services

## Outdoor Education WAIVER AND RELEASE OF LIABILITY AGREEMENT

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

**IN CONSIDERATION FOR THE ABOVE NAMED MINOR (OR THE PERSON SO INDICATED IN THE PARTS OF THIS FORM) BEING PERMITTED TO PARTICIPATE IN CAMP ACTIVITIES THAT MAY BE CONSIDERED TO HAVE A HIGHER THAN NORMAL ELEMENT OF RISK, I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION.**

I apply for said minor to participate in the following activities: horseback riding, high ropes course, low ropes course, zip line, pumper pole, giant swing, climbing wall, rock climbing, archery, canoeing, kayaking, and hiking. I understand that these activities may expose him/her to greater-than-normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunction, loss of control, collisions, and obstacles, variation of terrain, and unexpected actions by horses or by other people. I understand that participants may act in a negligent manner that can contribute to injury of themselves or others, such as failing to maintain control, not acting within his or her abilities, or not following rules and instructions. These risks can result in injury or death.

**THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR HEREBY JOINS IN THE FOREGOING WAIVER AND RELEASE AND HERBY RELEASES, DISCHARGES AND COVENANTS FOREVER NOT TO SUE THE YMCA, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE YMCA OR OTHERWISE.**

**Further, I represent that the above minor has no health or physical condition other than what is listed below, that will interfere with any of the above-listed activities or cause him/her to be more susceptible to injury than the average person. If any health or physical conditions are present, they are listed below. Health or physical condition limitations may include recent injuries or surgeries, medications, diagnosed or undiagnosed behavioral conditions, and mental or physical limitations.**

**(Please list any health or physical limitations or conditions below):**

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I HAVE READ AND EXPLAINED THIS FORM TO THE ABOVE-NAMED MINOR.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Guardian or Custodian of Minor

\_\_\_\_\_  
Print Name of Parent, Guardian or Custodian of Minor

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Minor

**Activities on the above-mentioned list from which the minor should be excluded:**

\_\_\_\_\_  
\_\_\_\_\_