



YMCA Camp Chingachgook on Lake George

Group _____

Dates at Camp _____

Acknowledgement of Risks and Release of Liability

Camp Chingachgook programs incorporate activities that vary from games and initiatives, to strenuous challenges involving hiking, high ropes, and rock climbing. Participants may choose the level at which they wish to participate. They must understand that although safety is one of the highest priorities at Camp Chingachgook, there are both physical and emotional risks involved. Certain risks cannot be eliminated without damaging the uniqueness of the activities. This form must be completed and signed prior to participation.

I acknowledge that the following describes some, but not all of the risks involved in my participation on Camp Chingachgook Hikes, High Ropes, Initiative Course, Rock Climbing, Climbing Tower, Canoeing, Sailing, and other program activities: 1) Accidental slips; falls; cuts; bruises; injuries from animal or insect bites; injuries resulting from unforeseen forces of nature such as falling tree limbs, rock, or lightning; illness, or in extreme cases loss of limbs, paralysis, permanent trauma or death; 2) Risks associated with crossing, climbing, or down climbing routes or elements; 3) Misuse or failure of equipment, 4) The presence, actions, or falls of other participants in the climbing environment; 5) The negligence of the staff; 6) Circumstances that may affect pre-existing medical conditions such as heart problems or pregnancy.

I understand that this list is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

I hereby authorize any medical treatment deemed necessary in the event of an emergency while under the supervision of Camp Chingachgook staff. I either have appropriate insurance or, in its absence, agree to pay all costs of medical services incurred on my behalf.

In consideration of services provided for myself and/or any minors for which I am a parent, legal guardian, or otherwise responsible do hereby release Camp Chingachgook, it's directors, staff, and owner, from all liability and waive any claim for damage arising from any cause.

I have read and understand the above acknowledgement of risks, release for medical treatment, and release of liability.

Photo Release

I give my consent for the use of any photographs, slides or videotapes which may include myself or my child to be used in Capital District YMCA promotional materials.

Participant's Name: _____

Sex: Male Female

Date of Birth _____ / _____ / _____

Participant Signature

(Parent/Guardian Signature required if under 18 yrs old)

Date



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Health History & Emergency Treatment Authorization

Participant's Name _____ DOB _____ / _____ / _____

Home address _____ City _____ State _____ Zip _____

Home Phone Number _____ Business Number _____

Emergency Contact Name _____ Relationship to Contact _____

Emergency Contact Phone Number Day: _____ Eve: _____

Medical Insurance policy # _____ Insurance Company _____

Name of insured _____ Employer _____

Please indicate if you have a history of or are prone to:

Asthma? Yes No Comments: _____

Allergies? Yes No Comments: _____

Recent operations, serious injuries or illness? Yes No Comments: _____

If yes to prior question, has participant fully recovered? Yes No

Dietary Restrictions (e.g., peanuts, dairy) _____

Do you have a history of any heart disease? Yes No Do you take any cardiac medications? Yes No

Have you ever had a heart attack or a stroke? Yes No Have you ever had a stroke? Yes No

Have you ever had open-heart surgery? Yes No Do you have diabetes? Yes No

Do you have hypertension? Yes No Do you smoke? Yes No

Do you have a family history of heart disease? Yes No

How often do you exercise vigorously? (times/week) 0-1 2-3 4-5

Have you consulted a physician about participation in this Camp Chingachgook program? Yes No

If you answered "yes" to prior question, did your physician advise you to participate in this program? Yes No

Medication: Adult participants should carry any medications they need with them during their stay at Camp Chingachgook

Medications you are currently taking and reason _____

I hereby grant permission for YMCA Camp Chingachgook and its agents full authority to take whatever action they deem necessary regarding my health and safety in the event I cannot care for myself and where time is of the essence and I fully release the Capital District YMCA from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital health care facility staff, if needed. Any such action will be taken in my best interest.

Participant Signature

_____/_____/_____
Date