

YMCA Camp Kitaki Outdoor Education Participant Form (HW.28.1)

Participant's Name: _____ Birthdate: ____/____/____ Age: ____

Home Address: _____
STREET & NUMBER CITY/STATE ZIP

Emergency Contact: _____ Relationship: _____ Phone: _____ - _____ - _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____ - _____ - _____

Do you carry medical insurance? ☐ No ☐ Yes Carrier name: _____ Policy # : _____

GENERAL MEDICAL HISTORY (Explain "yes" answers): Has/does the participant:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have allergies? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting the number of the question (or use reverse if necessary):

***RESTRICTIONS**-Explain any restrictions to activities (e.g. what cannot be done, what adaptations or limitations are necessary):

IMPORTANT—THIS BOX MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

This participant form is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities from the inherent risks of equine activities pursuant to the Nebraska Equine Activity Statute. Authorization for Treatment: I give permission for the medical personnel responsible for my child to transport off the camp property for the purpose of medical care if the need arises. In the event I cannot be reached, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child named above. I understand the YMCA does not carry health and accident insurance and that I will be responsible for any bills incurred.

- 1) agree that you are voluntarily participating and assume all risks, known and unknown, associated with your presence in and/or use of YMCA facilities, equipment and premises, and your participation in its programs/activities, including, without limitation, any loss, damage to, or theft of personal property, and any personal injury, illness (including but not limited to COVID-19) or death; and
- 2) agree to release and discharge the YMCA and its representatives, employees, volunteers, and agents, from any and all liability, for any and all losses, damages or expenses, and any claim, demand or suits therefore, on account of injury, illness (including but not limited to COVID-19) or death to person or property, arising from your presence on YMCA property, your use of its equipment and facilities, and/or your participation in YMCA membership or its programs/activities; and
- 3) agree not to initiate or commence any claim, suit or cause of action against the YMCA and/or any of its representatives, employees, volunteers or agents, with respect to any losses, damages or expenses which are listed above and are the subject of this waiver and release, and further agree to indemnify and hold harmless said parties from any and all losses, damages or expenses arising out of or in any way connected with you or all individuals' presence on YMCA property, use of its equipment or facilities, and/or participation in membership or its programs/activities.
- 4) acknowledge and agree that, due to the nature of the facilities, services, and programs/activities offered by the YMCA, social distancing is not always possible in certain settings including but not limited to childcare, swim lessons, and other youth programs such as gymnastics, youth sports or Camp Kitaki programs.

X Signature of Participant _____ Date: _____

X Signature of Parent/Guardian (If under 18) _____ Date: _____

*I also understand and agree with the information provided and to abide with the restrictions placed on my camp activities.

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- 2) agree to release and discharge the YMCA and its representatives, employees, volunteers, and agents, from any and all liability, for any and all losses, damages or expenses, and any claim, demand or suits therefore, on account of injury, illness (including but not limited to COVID-19) or death to person or property, arising from your presence on YMCA property, your use of its equipment and facilities, and/or your participation in YMCA membership or its programs/activities; and
- 3) agree not to initiate or commence any claim, suit or cause of action against the YMCA and/or any of its representatives, employees, volunteers or agents, with respect to any losses, damages or expenses which are listed above and are the subject of this waiver and release, and further agree to indemnify and hold harmless said parties from any and all losses, damages or expenses arising out of or in any way connected with you or all individuals' presence on YMCA property, use of its equipment or facilities, and/or participation in membership or its programs/activities.
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