

YMCA of METROPOLITAN MILWAUKEE
Camp Minikani
Adventure Based Learning Center

ASSUMPTION OF RISK/REGISTRATION FORM

I am aware in signing this document for participation in the ropes and challenge course experience that certain elements of the program can be physically and emotionally damaging. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e.: cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the YMCA of Metropolitan Milwaukee. I understand that the YMCA of Metropolitan Milwaukee has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time, I realize it is my responsibility to ask for clarity and/or assistance.

In signing this document, I authorize the leader of the activities to secure such medical advice and services as deemed necessary for my health and safety and I agree to accept financial responsibility:

- * Where my health and well-being is involved
- * Where medical advice has been such that further services are required
- * Where all reasonable attempts to contact family have failed or where the nature of the emergency does not allow time to make contacts
- * Where the benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred

I understand and assume all dangers and risks associated with this course and waive all claims against the YMCA of Metropolitan Milwaukee staff and assigns, it's officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. Furthermore, I give my consent to instructors or other medical personnel to treat me in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

MEDICAL DISCLOSURE/HEALTH FORM (Please print)

This form is required to be filled out completely and returned to Camp Minikani one week prior to arrival.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone (____) _____

Height _____ Weight _____ Birth date ____/____/____

Physician Name and Phone _____

Medical Insurance Policy Name and Number _____

In case of emergency please notify: Name _____

Relationship _____ Phone (____) _____

X _____
Participant's Signature _____ Date _____

If participant is under the age of 18, parent/legal guardian signature required below:

X _____
Parent/Legal Guardian Signature _____ Date _____