

**YMCA Camp Pepin
Challenge Course
Medical Review and Informed Consent**

Group name: _____ **Dates at camp:** _____

Participant's name: _____ **Phone:** _____

Participant's address: _____

Name of emergency contact: _____ **Relation:** _____

Phone of emergency contact: _____ **Alternate phone:** _____

Please answer all of the following questions. Participation in this program is voluntary and you may decline participation in any part or all of the activities occurring during this program.

Have you been told by a physician or are you aware of any personal medical conditions (such as: heart disease, high blood pressure, lung disease, diabetes, pregnancy, or others) that could be aggravated by physical activity?

Yes: _____ No: _____

Have you been told by a physician or are you aware of any problems with your neck, back, shoulders, wrists, hips, ankles, or knees that may be aggravated by physical activity?

Yes: _____ No: _____

Have you been told by a physician or are you aware of any other physical problems which you think we should know about before the activities begin?

Yes: _____ No: _____

If you answered yes to any of the questions above, please name the condition and provide a detailed description below (including dates and restrictions, if any).

The information above is a complete and accurate statement of the physical factors and conditions which may affect my participation with the challenge course at the Red Wing Family YMCA Camp Pepin (the "YMCA"). I understand that participation in this program involves risk of physical injury, and that my failure to disclose any such information or condition could result in serious harm to me or to fellow participants. I agree to hold the YMCA and any affiliates thereof, including its employees and agents, harmless from all loss and damages resulting from my failure to disclose any relevant information as to my physical condition.

I have decided voluntarily to participate in this program, or in those segments of the program in which I actually participate. In consideration of the YMCA's agreement to allow me to participate in this program, I hereby waive and release all rights and claims which I may have against the YMCA and any affiliates thereof, including its employees and agents, for any and all injuries and damages which I may suffer in the program, excluding, however, any injuries or damages caused by the gross negligence or willful misconduct of the YMCA and any affiliates thereof, including its employees and agents.

I understand that the above information will be kept confidential, except in the case of an emergency. In case of an emergency, I hereby consent to the release of the above information to any medical care provider, law enforcement agency, insurance company, employer, or other person deemed appropriate by the YMCA.

Participant's signature: _____ **Date:** _____

Parent's/Guardians signature: _____ **Date:** _____
(If participant is under 18 years old)