



2009-2010 School Year

Dear Cabin Leader Applicant,

Thank you for your interest in becoming a Cabin Leader for YMCA Camp Campbell Outdoor Science School. Serving as a Cabin Leader is an excellent opportunity to develop and enhance leadership skills while enjoying a week in the beautiful Santa Cruz Mountains. Attached you will find important information about being a Cabin Leader at Camp Campbell. Please read over the material carefully and contact us if you have any questions. **The authorization paperwork, health history, reference form, liability forms and code of conduct signature must be completed before you come to camp.**

### **SELECTION PROCEDURE**

- Gain approval of school coordinator to begin the application process.
- If you are limited on your weeks of availability, contact the Outdoor Science School to ensure there is space in your desired week(s).
- Obtain **teachers', parent's and Attendance Office's** signatures.
- Return to school coordinator for final approval to participate.
- Complete the application packet (including health form, waivers, responsibility contract, and references).
- Call** the Outdoor Science School when paperwork is complete to reserve your place. If you get the answering machine, be sure to leave your **name, phone number, school, and week of participation.**
- Fax in your complete application and bring the original with you to the Outdoor Science School.
- Your application is only complete once you have spoken with one of the Cabin Leader Coordinators confirming your acceptance.
- Bring a positive attitude, good sense of responsibility, strength, and patience with you when you come. Be prepared to be a Positive Role Model in the lives of 5<sup>th</sup>/6<sup>th</sup> grade students.

Thank you so much for taking the time to fill out this paperwork carefully and completely. We appreciate your interest in our program and we look forward to hearing from you soon!

Sincerely,

Kat Fitzpatrick and Justin "Jut" McDaniels  
Cabin Leader Coordinators  
Camp Campbell Outdoor Science School  
Phone: 831-338-8829  
Email: [cabinleader@ymcasv.org](mailto:cabinleader@ymcasv.org)

YMCA Camp Campbell Outdoor Science School: Leadership Development Program

**2009-2010 SCHEDULE**

*(subject to change)*

Week 1	Sept. 7-11	Los Alamitos
Week 2	Sept. 14-18	Duveneck
Week 3	Sept. 21-25	Forest Park and Beechwood
Week 4	Sept. 29-Oct. 2	Graystone
Week 5	Oct. 5-9	Frost /Indigo and Stratford
Week 6	Oct. 12-16	Argonaut and Reed
Week 7	Oct. 19-23	JL Stanford (A)
Week 8	Oct. 26-30	JL Stanford (B)
Week 9	Nov. 2-6	Bunker, Durham and Sherwood
Week 10	Nov. 9-13	Carey School and Lyndale
Week 11	Nov. 16-20	River Glen, Sherman Oaks and Washington Open
Week 12**	Nov. 22-25	Bachrodt and Lowell
Week 13	Nov. 30-Dec. 4	Bagby and Bowers
Week 14	Dec. 7-11	Glider, Patterson and Almaden Prep
Week 15*	Dec. 13-17	Trace and Millard

Winter Break

Week 16	Jan. 4-8	Canoas and Arroyo Seco
Week 17	Jan. 11-15	Laneview and Summerdale
Week 18	Jan. 18-22	Blossom Hill and Gardner
Week 19	Jan. 25-29	Croce and Ponderosa
Week 20	Feb. 1-5	Booksin and Braly
Week 21	Feb. 8-12	Hayes and Los Paseos
Week 22	Feb. 15-19	Brier, Graham, Musick and Milani
Week 23	Feb. 22-26	Smith and Westwood
Week 24	Mar. 1-5	Van Meter and Meyer
Week 25	Mar. 8-12	Rancho Las Positas and Carson
Week 26	Mar. 15-19	Miner and Stonegate
Week 27	Mar. 22-26	Foothill and Simonds
Week 28	Mar. 29-Apr. 2	Galarza/Hammer and Schallenberger
Week 29	Apr. 5-9	Almaden and Allen/Steinbeck

Spring Break

Week 30	Apr. 19-23	Edenvale, Del Mar, and Charter School Morgan Hill
Week 31	Apr. 26-30	Live Oak, Green Acres, St. Nicholas and Pacific Rim Int'l
Week 32	May 3-7	Branciforte, KZV Armenian and Captain Cooper
Week 33	May 10-14	Altamont Creek and Willow Glen
Week 34	May 17-21	Williams and Olinder
Week 35	May 24-28	Hacienda, Painter and Empire Gardens
Week 36	May 31-Jun. 4	Ryan, Rogers and Cureton
Week 37*	Jun. 6-10	San Lorenzo Valley and Christopher

Please Note: Most weeks are Monday through Friday, except:

\* Denotes a Sunday through Thursday week

\*\* Denotes a Sunday through Wednesday week

## YMCA Camp Campbell Outdoor Science School: Leadership Development Program

### THINGS YOU NEED TO KNOW

#### Qualifications:

You must be a high school sophomore, junior or senior; college student or high school graduate. Freshmen are not eligible and some high schools do not allow sophomores to volunteer.

You must be able to:

- Serve as a mature and positive role model for 10-12 year old students
- Consistently show respect and a positive attitude towards peers and adults
- Demonstrate good judgment and an ability to resolve conflict in an effective manner
- Receive constructive feedback and follow through on directions

#### Responsibilities:

You will be living in a cabin with a group of about 8-12 fifth and/or sixth grade students. With the guidance of a field teacher, cabin leaders assume the responsibility for supervising the cabin group at meals, during recreation and in the cabins overnight. Cabin leaders also assist the field teachers in the instructional field program during the day and evening. You should be a supportive presence for the students, making sure they are safe, having fun and learning. This will require establishing firm expectations and following through with enforcing rules, paying attention to the emotional and social needs of each student, and being a good role model.

#### Time Commitment:

Most weeks include a five day/four night session at Camp Campbell. Since you will be living in the cabin you will need to be on-site 24 hours/day. Our weeks **begin with training at noon** on the first day of the week (usually Monday). Students arrive on the second day (usually Tuesday) and your responsibilities as a cabin leader **end at approximately 1:30 p.m.** at the end of the week (usually Friday). While volunteering as a cabin leader you will have some breaks, but most of the time you will be living, learning and playing with the students.

#### Transportation:

Camp Campbell is located at 16275 Highway 9, Boulder Creek, CA 95006. Transportation to and from camp by bus from San Jose is available most weeks. If you are interested you must confirm with the cabin leader coordinators and make sure we have reserved you a spot on the bus. If you haven't reserved a spot, there might not be enough room for you. If you are driving yourself or getting dropped off please arrive at 12:30 on the first day. **If you are under 18, you must take the mode of transportation designated by your parent/guardian on this application.**

#### How to Apply:

Call the cabin leader coordinators and find an available week that works with your schedule. We will tentatively reserve a spot for you. Then, complete this application, fax it to us, and call and confirm your spot! Please do not reserve a week if you do not intend to follow through and be a volunteer. If you are unsure of what week you are available, call us and tell us. ***If your plans change it is your responsibility to call us as soon as possible to tell us that you will be unable or are unsure if you are able to be a volunteer for the week that you have committed to. Remember, once you have signed up, there is a cabin groups of kids assigned to you and they are looking forward to YOU being their Cabin Leader!***

Thanks so much for volunteering.

YMCA Camp Campbell Outdoor Science School: Leadership Development Program  
**ADDITIONAL INFORMATION**

Camp Campbell is a non-smoking environment. Please make note of our camp policy.

**What to Bring to Camp:**

- This Authorization Paperwork!** (You should have faxed us a copy but please bring the originals.)
- Bedding** – pillow and sleeping bag or sheets and blankets
- Toiletries** – toothbrush, towels, hairbrush, soap and shampoo, feminine products, etc.
- Clothing** – enough for 4 days; plan on dressing in layers; bring a warm jacket and at least one pair of long pants.
  - NO inappropriate attire (nothing vulgar or that references drugs/alcohol, sexual topics, political/religious topics, etc.)
  - Tank tops are ok as long as they have wide straps (at least one inch), no spaghetti straps.
  - We follow the school dress codes of the elementary schools we serve.
  - If clothing is inappropriate, you will be given a camp shirt to wear or will be sent home.
- Rain gear** – a poncho or raincoat (windbreakers will not be enough)
- Shoes** – 2 pairs; good hiking boots or sturdy tennis shoes, NO sandals or open-toed shoes
- Alarm clock (NOT a cell phone)** – the cabins have electrical outlets so you can plug one in
- Wristwatch (NOT a cell phone)**
- Water bottle**
- Flashlight** – optional

**Optional Items:**

- Your own food items** – if you have special dietary needs (soy milk, sugar-free snacks, etc.) to be stored in our cabin leader hangout or kitchen.
- Camera**
- Laundry bag** – plastic trash bags work great
- Cash or check for a shirt**- Outdoor Science School shirts are available for \$12 each.
- Swimsuit** – if desired for shower time

**DO NOT BRING:**

Valuable items, lots of money, fishing gear, high heel shoes, skateboards, any personal sporting equipment, aerosol cans, or weapons of any kind- including knives of any length. If you bring food, candy, radios, MP 3 players, cell phones, electronic games or equipment of any kind you will have only **limited** access to them! They are not to be shared with or used in the presence of students. Camp Campbell staff reserve the right to confiscate and hold any items that are used inappropriately for the duration of your stay. Camp Campbell is not responsible for lost or stolen items.

**We look forward to working with you!**

NOTE: All components of the Cabin Leader Program are provided to leaders at no charge from lunch the day of training through lunch the last day. There is no fee for participation.

YMCA Camp Campbell Outdoor Science School: Leadership Development Program  
**HIGH SCHOOL AUTHORIZATION PAPERWORK**

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 High School

\_\_\_\_\_  
 Dates of service:

\_\_\_\_\_  
 Week #

**TEACHERS: PLEASE READ THIS CAREFULLY BEFORE SIGNING**

**The student named will be responsible for supervising elementary age children overnight in a cabin and assisting in behavior management during outdoor science classes. Please sign if you have confidence that this student can demonstrate the following:**

- Serve as a mature and positive role model for 10-12 year old students
- Consistently shows respect and a positive attitude towards peers and adults
- Good judgment and an ability to resolve conflict in an effective manner
- An ability to receive constructive feedback and follow through on directions

It is the student's responsibility to clear his/her absences with class instructors and to confirm such with the Attendance Office.

PERIOD	CLASS	TEACHER SIGNATURE	TEACHER COMMENTS

The student named above requests to be excused from attendance to all regularly scheduled classes for five days (Monday through Friday) of the week named above so that he/she can participate as a volunteer Cabin Leader in the YMCA Camp Campbell Outdoor Science School Leadership Development Program.

\_\_\_\_\_  
 ATTENDANCE OFFICE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 HIGH SCHOOL COORDINATOR

The student named above should contact the Outdoor School at (831) 338-8829 when all necessary signatures have been obtained. His/Her spot cannot be confirmed until this paperwork is complete.

**CABIN LEADER HEALTH HISTORY  
AND MEDICAL RECORD**

-To be filled out by participant and parent/guardian -

**PARTICIPANT DETAILS**      **Week Attending:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_      **Birth date:** \_\_\_\_\_      **Sex: M F**

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home:** (    ) \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work:** (    ) \_\_\_\_\_ **Home:** (    ) \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work:** (    ) \_\_\_\_\_ **Home:** (    ) \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_

**If not available, in an emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Work:** (    ) \_\_\_\_\_ **Home:** (    ) \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_

**High School/College & City:** \_\_\_\_\_ **Grade/Year** \_\_\_\_\_ **Phone #:** (    ) \_\_\_\_\_

Has the participant ever been convicted of a felony or a misdemeanor that resulted in imprisonment? Yes/No  
If yes, please explain \_\_\_\_\_

**Please circle any of the following conditions or allergies that apply to the participant:**

- |           |            |                |          |              |                |
|-----------|------------|----------------|----------|--------------|----------------|
| Asthma    | Poison Oak | Contact Lenses | Epilepsy | Medicines    | Food Allergies |
| Allergies | Diabetes   | Sleepwalking   | Bleeding | Insect Bites | Other _____    |

**Briefly explain the answers circled above** \_\_\_\_\_

- Recent surgery or serious injury? (Please explain) \_\_\_\_\_
- Recent exposure to any contagious diseases? \_\_\_\_\_
- Currently taking any medication? YES NO (Please Explain) \_\_\_\_\_
- Any special needs (Please List) \_\_\_\_\_
- Are immunization records up to date? YES NO \_\_\_\_\_
- Date of last tetanus shot? \_\_\_\_\_
- Date of last physical exam \_\_\_\_\_

**Health Insurance** \_\_\_\_\_ **Plan#** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Phone#** (    ) \_\_\_\_\_

**Authorization of Non-Prescription Medicines – By circling any of these, I authorize these medications to be administered as needed (This must be filled out by the parent/guardian)**

- |         |          |              |           |              |             |           |                 |
|---------|----------|--------------|-----------|--------------|-------------|-----------|-----------------|
| Tylenol | Benadryl | Pepto Bismol | Neosporin | Chloraseptic | Cough Drops | Ibuprofen | Calamine Lotion |
|---------|----------|--------------|-----------|--------------|-------------|-----------|-----------------|

**AUTHORIZATION TO PARTICIPATE**

The above general information and health history is correct to the best of my knowledge. The above named participant has permission to engage in all prescribed activities, except where noted. He/She also has my permission to participate as a Cabin Leader, working in a supervisory role with elementary age children. I feel my son/daughter has the maturity to act responsibly in this role. I understand that if he/she cannot perform in a responsible manner, I may be asked to come to the Science School and take him/her home. Images of my participant may be used for promotional purposes.

**PARTICIPANT SIGNATURE** or  
**PARENT/GUARDIAN** (if under 18) \_\_\_\_\_ **DATE** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I, the undersigned, hereby grant permission to the medical personnel selected by the YMCA to order the necessary treatment for my child in the event of an emergency when I cannot be reached. I also grant permission to the physician selected by the YMCA to secure proper treatment for injection and/or anesthesia and/or surgery for my child as named above. In addition, I authorize the medical facility which has provided the treatment to the above named child to surrender custody of said minor to the YMCA or its agents upon completion of treatment. This form may be photocopied for off-site use.

**PARTICIPANT SIGNATURE** or  
**PARENT/GUARDIAN** (if under 18) \_\_\_\_\_ **DATE** \_\_\_\_\_

YMCA Camp Campbell Outdoor Science School: Leadership Development Program  
**CONFIDENTIAL REFERENCE FORM**

**(Must be filled out by an adult other than a relative)**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
High School or College

This student has given your name as a reference in applying for the position of Volunteer Cabin Leader at **YMCA Camp Campbell Outdoor Science School** for the week of \_\_\_\_\_.

**We are seeking responsible leaders with a genuine interest in working with young people. The responsibility to maintain the safety and well being of the campers can weigh heavily on the leaders, who are on duty overnight for one week. Leaders must be able to put the needs of the campers ahead of their own interests. The nature of the job requires leaders to be consistent life models for children.**

As participation depends on your response, your prompt attention to this reference is appreciated.

**Please fax completed reference to (831) 338-9486, or please return directly to:** the applicant or the following address:  
YMCA CAMP CAMPBELL, Attn: Cabin Leader Coordinator  
16275 Highway 9, Boulder Creek CA 95006

1. How long, and in what capacity have you know the applicant? \_\_\_\_\_

2. In your opinion, is the applicant?

	Don't Know	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Punctual	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Honest	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reliable	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outgoing	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A team player	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flexible	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Responsible	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What strengths does the candidate posses that would enable him/her to be a positive role model for young people.

4. Given that all of us have areas in which we can improve, in what areas does the applicant need growth? \_\_\_\_\_

5. Would you want your son or daughter to be supervised and influenced by the applicant for a week? \_\_\_\_\_

- Please check one of the following:**
- [    ] I strongly recommend the applicant  
[    ] I recommend the applicant  
[    ] I recommend the applicant with reservation  
[    ] I do not recommend the applicant

Thank your for your honest input. We appreciate your help in assessing the applicant's qualifications. If you have any questions of concerns, please call the cabin leader coordinator at (831) 338-8829.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* This reference form needs to be returned before the applicant arrives at Camp. \*\*\***

YMCA Camp Campbell Outdoor Science School: Leadership Development Program  
**RESPONSIBILITY CONTRACT**

In requesting to serve as a Cabin Leader for the YMCA Camp Campbell Outdoor Science School, I recognize and agree with the following:

1. As a Cabin Leader, I will be serving in a capacity of great responsibility and trust for the care of the younger students in my charge.
2. I will conduct myself in such a way that my personal behavior and appearance will serve as a role model to the fifth/sixth grade students.
3. I acknowledge that the young students in my charge are very impressionable and must be protected from unwholesome language, jokes, activities, and/or discussions.
4. I will try to help each child be a happy part of the cabin group and the activities of the science school. In controlling my group, I will avoid using any form of embarrassment or humiliation.
5. At all times, I will put the emotional and physical safety of the individual and collective members of my cabin group as my prime responsibility.
6. If an undesirable situation or problem arises that is beyond my ability or responsibility to handle, I will bring it to the attention of the Field Teacher, Director of Camp, or Cabin Leader Coordinator.
7. Recognizing that there will be times when I am on my own in determining my personal behavior, I agree not to use tobacco products, liquor or narcotics or behave in any way to endanger the welfare of the students or the overall program.
8. I understand that inappropriate behavior on my part will result in notification of my parents/guardians to come and take me home at once. In addition, my school will be contacted and I will receive no school credit for the week.
9. With the full understanding that the site is a "closed campus" I will not ask or encourage any friends not assigned as cabin leaders to visit the camp while I am in attendance.
10. I will read and understand the YMCA Policy for Prevention of Child Abuse, including the definition of child abuse and my role in preventing it during my training day.
11. I fully understand that for no reason am I to leave the Camp Campbell boundaries, and that my doing so could result in my immediate removal from the program.
12. I understand that cell phones and CD/radio players can only be used during my breaks and only while I am in the cabin leader hangout. I understand that if these items are used at inappropriate times, they may be taken and held for me until the end of the week.

This form will be discussed in detail during our first training day. Camp policy requires you to have read this prior to coming to camp and have a parent or guardian (if under 18) read and sign.

PARTICIPANT SIGNATURE or  
PARENT/GUARDIAN (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

**Authorization of Transportation:**

I authorize the following forms of transportation to and from camp Monday morning and Friday afternoon:

**Check all that apply:**

- Camp Campbell bus to and from the Central YMCA (1717 The Alameda, San Jose)
- Myself or my child driving a personal vehicle
- Another participant driving a personal vehicle: name of driver \_\_\_\_\_
- A parent/guardian of another participant driving a personal vehicle: name of driver \_\_\_\_\_
- Other: \_\_\_\_\_

PARTICIPANT SIGNATURE or  
PARENT/GUARDIAN (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

**YMCA OF SILICON VALLEY:  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1 THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE.**

Signature parent \_\_\_\_\_ Student \_\_\_\_\_

# YMCA Camp Campbell - Climbing Tower and High Ropes Challenge Course

## Release of Liability & Assumption of Risk Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. YMCA Camp Campbell's Climbing Tower and High Ropes Course programs includes a climbing tower, high ropes challenge course and low elements activities. The activities on the tower and ropes course are strenuous and psychologically demanding and require participants to be in good physical condition. Although it is impossible to foresee all possible dangers, some specific risks the participant may encounter while using the tower or ropes course might include, but are not limited to, injury from slipping, falling, running, or jumping.

- Participant is aware and understands that participating in YMCA Camp Campbell's Climbing Tower and High Ropes Course Program involves a potential risk of physical injury that may not only be from his/her own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the environment, equipment, or areas where the event or activity is being conducted.
- Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.
- Participant understands that he/she is responsible for behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.
- Participant understands that this is a voluntary program and that he/she should participate to the extent that they feel appropriate for their own condition and skill level.
- Participant will not be able to participate if under the influence of drugs or alcohol.

### Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Tower and High Ropes Challenge Course, I, \_\_\_\_\_, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA Camp Campbell, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the YMCA Camp Campbell on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Tower or High Ropes Course whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of the YMCA Camp Campbell, its officers, agents, and employees.

In consideration of my use of the Climbing Tower and High Ropes Course, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the YMCA Camp Campbell, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Tower and Ropes Course.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Tower and High Ropes Course and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Tower and High Ropes Course and that by this agreement the YMCA Camp Campbell of any and all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Climbing Tower and High Ropes Course.

I further certify that my date of birth is \_\_\_\_\_ (month/date/year), that my present age is \_\_\_\_\_, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

**I have read this release of liability and acknowledge and agree to be bound by the terms of this document.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Emergency Phone #

**If the participant is under the age of 18, the parents or legal guardian's signature is required.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (2)

\_\_\_\_\_  
Date