



1180 West Houston Street
Anna, Texas 75409
214-667-5600
www.collincountyadventurecamp.org

Attendee Release and Parental Authorization

Name of Attendee / Student

Name of Parent / Guardian (print clearly)

School/Group Name and Dates at Camp

By my signature and of my free will, I do hereby agree to indemnify and save harmless, Collin County Adventure Camp and the YMCA of Metropolitan Dallas from any all and claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me, or any party to whom I am responsible. Any photographs/videos taken by the YMCA staff are considered property of the YMCA and may be used in newsletters, brochures, and newspapers. I give my permission for use of these photographs for media use by Collin County Adventure Camp and YMCA of Metropolitan Dallas. By my signature, I have been given information to read with regard to other YMCA and camp policies.

Signature of Attendee
(If Camp Attendee is 18 or older)

Date of signature

Signature of Parent or Guardian
(If Camp Attendee is 18 years or younger)

Date of signature

Address

Child's birthday

City / State / Zip

Parent Birthday

Collin County Adventure Camp
HIGH ELEMENT PARTICIPANT AGREEMENT

(Including Acknowledgement and Assumptions of Risks, Agreements of Release and Indemnity, and Other Provisions)

PLEASE READ THIS DOCUMENT CAREFULLY.

In consideration of the services of Collin County Adventure Camp, a branch of the YMCA of Metropolitan Dallas, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "YMCA"), I hereby agree to release and discharge YMCA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

ASSUMPTION OF RISKS

I acknowledge that high element activities entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Collision with other participants, on take-off and landing towers, the walls or other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or other's negligence; objects or conditions on the landing surface that may cause me to fall; broken bones; sprains; head, neck and back injuries; abrasions; and bruises. Furthermore, high element activities require moderate to vigorous physical exertion, and include travel along the high element (cables) at elevated heights. Participants will have an active role and responsibilities in their high elements, including preparedness for the beginning, landing and dismounting. I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities is purely voluntary, and I elect to participate in spite of the risks.

RELEASE, HOLD HARMLESS AND INDEMNIFICATION

I, AN ADULT PARTICIPANT OR PARENT OF A PARTICIPANT WHO IS A MINOR (FOR MYSELF AND TO THE MAXIMUM EXTENT ALLOWED BY LAW, ON BEHALF OF THE MINOR), HEREBY VOLUNTARILY RELEASE AND AGREE NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, THE YMCA OF METROPOLITAN DALLAS, AND ITS RESPECTIVE PARTNERS, OWNERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND INDEPENDENT CONTRACTORS (THE "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION WHICH ARE IN ANY WAY CONNECTED WITH MY ENROLLMENT OR PARTICIPATION IN ACTIVITIES AT THE CCAC, INCLUDING THE HIGH ELEMENT TOUR, MOVING ABOUT THE PREMISES AND THE USE OF EQUIPMENT OR FACILITIES, AND INCLUDING SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF RELEASED PARTY.

OTHER PROVISIONS:

1. Persons whose weight is less than 50 pounds or more than 250 pounds will not be allowed on the high element tour. I represent that my, or the minor child's, weight is neither less than 50 nor more than 250 pounds.
2. I represent that I, or my minor child, am/is fully capable of participating in this activity and have no current or past physical or psychological medical condition that would prevent participation in the activities at The CCAC.
3. I authorize any qualified medical or para-medical provider, including a member of CCAC staff, to administer or obtain emergency medical care for me or the child and to exchange medical information with the third party care provider. I hereby give permission for transportation to a medical facility or hospital.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity and that I have consulted a physician before participating in these activities.
5. I grant to CCAC the right to use for promotional purposes any photograph or video images taken of me, or my minor child, while at CCAC.
6. Should a court of competent jurisdiction declare any portion of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect.

I have read, and fully understand this agreement. I am aware that by signing this agreement I am waiving the rights described above which I (or the minor on whose behalf I sign), or my (or the minor's) heirs, next of kin, executors, administrators, assigns and representatives may have.

Name of Participant (Adult or Minor)

Signature of Participant

Date

Signature of Parent or Guardian (Parent Signature Required for Participant Under 18 Years Old)

Date