



Parent/Guardian Waiver Agreement

To be completed by each Camper and their Parent. Please see over for Release.

Please read the following statements carefully and initial each; then date and sign this form on the bottom.

- I accept the fact that while the CJ YMCA staff are skilled and experienced, they cannot guarantee my child's total safety since some risks are beyond their control. I understand that he/she will be exposed to risks of nature and to elements over which neither Camp Jorn YMCA nor its employees have any control.

Parent Initials _____

- I fully comprehend and willingly assume the responsibilities and risks of participating in camp programs including, but not limited to, horseback riding, water-skiing and white water rafting.

Parent Initials _____

- I understand there are specific and extenuating risks involved with out-camping programs. I accept the risks associated with overnight trips and the specifics that accompany the Mountain Bike Trip, the Whitewater Rafting Trip, the Pathfinder Backpacking Trip, and/or trips for Leadership Programs, (LIT, MIT and CJ Interns).

Parent Initials _____

- I hereby give permission to Camp Jorn YMCA to use any photograph or video clips taken of my camper in our promotional materials.

Parent Initials _____

- I hereby give permission to Camp Jorn YMCA to transport my child off the camp property for the purpose of medical care and program activities as deemed necessary by the director or designee.

Parent Initials _____

- I hereby give permission to Camp Jorn YMCA to search camper belongings with the camper present when the health, well-being or safety of the camper or of others requires it.

Parent Initials _____ Camper Initials _____

- I agree to follow all instructions and guidelines given by Camp Jorn YMCA staff, and to act in a safe and responsible manner toward all participants. I will follow Camp Jorn YMCA's Anti-Bullying policy.

Parent Initials _____ Camper Initials _____

- I will not use equipment or be present on any body of water without Camp Jorn YMCA Staff present.

Parent Initials _____ Camper Initials _____

- I agree to notify Camp Jorn YMCA staff of any changes to my health and fitness which may occur during my session.

Parent Initials _____ Camper Initials _____

Below, our signatures certify that we have read and understood the nine statements mentioned above.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name: _____

Camper Signature: _____ Print Camper Name: _____

SEE OVER>>

PLEASE fill out and return this TWO-page form to the camp office by: **May 3, 2010**

Mail this form to: Registration
Camp Jorn YMCA,
PO Box 430, Manitowish Waters, WI 54545
or fax it to: 715-543-2390 (include a cover sheet).