

WELCOME TO YMCA SUMMER DAY CAMP!

Thank you for choosing the YMCA Day Camp program at the YMCA of St. Joseph. We are committed to providing your child with an active summer filled with opportunities to make friends, enjoy and appreciate the outdoors, try new activities, express themselves creatively, and practice value-based social skills. Our goal is to make every week at Day Camp a fun experience.

The enclosed packet contains a parent handbook along with all the forms you will need to complete and return to the Y. This includes:

- Registration Form
 - ⇒ Registration Fee (\$30)
 - ⇒ First week's payment
 - ⇒ Parent Handbook
 - ⇒ State approval letter & DCN number (if applicable)
 - Special Authorizations
 - Camper Medical History
 - Medication Authorization
 - Bank Draft Form
 - Acknowledgement of Receipt of YMCA Day Camp Parent Handbook
- If your child will be receiving state assistance, we will need approval documentation from the state including DCN number.

Please note when registering, a nonrefundable \$30 registration fee and payment for your child's first week of camp are required. You must register at least 2 business days before your child's first date of attendance.

The enclosed YMCA Summer Day Camp Parent Handbook contains valuable information about our program's policies and procedures and how to prepare for your child's day camp experience. Please read it carefully. If you have any questions, please do not hesitate to contact me any time at 816-390-5440 or rvigliaturo@stjoymca.org.

We look forward to serving you this summer!

Sincerely,

Ronica Vigliaturo
Camp Director



YMCA DAY CAMP REGISTRATION FORM

PARENTS OR GUARDIANS MUST HAVE PHOTO ID ON FILE.

CAMPER NAME: _____ **Grade Entering August 2024:** _____

Gender: _____ **Date of Birth:** _____ **Age:** _____ **Ethnicity:** _____

Home Address: _____

Parent/Guardian Name: _____ **2nd Parent/Guardian:** _____

Address: _____ **Address:** _____

City, State, Zip: _____ **City, State, Zip:** _____

Cell Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Work Phone:** _____

E-Mail: _____ **E-Mail:** _____

DCN #: _____

PARENT PICK-UP AUTHORIZATION & EMERGENCY CONTACTS - Not including parents/guardians.

Please list up to TWO people who are authorized to pick up your child from camp. Children will only be released to someone listed below. They must have a photo ID on file.

1. _____ **Phone:** _____ **Relationship:** _____

2. _____ **Phone:** _____ **Relationship:** _____

Please mark the weeks and days your child will be attending.

WEEK OF CAMP	THEME	Bank Draft Date	DAYS OF WEEK
Week 1 May 28-May 31	Let the Adventures Begins	Paid at time of registration	[]M []T []W []Th []F
Week 2 June 3-7	Lost and Found	Wednesday, June 5	[]M []T []W []Th []F
Week 3 June 10-14	Launch to Outer Space	Wednesday, June 12	[]M []T []W []Th []F
Week 4 June 17-21	Food Frenzy	Wednesday, June 19	[]M []T []W []Th []F
Week 5 June 24-28	Olympic Games	Wednesday, June 26	[]M []T []W []Th []F
Week 6 July 1-5	Discovering America	Wednesday, July 3	[]M []T []W []Th []F
Week 7 July 8-12	Lego Mania	Wednesday, July 10	[]M []T []W []Th []F
Week 8 July 15-19	Splish Splash	Wednesday, July 17	[]M []T []W []Th []F
Week 9 July 22-26	Scavenger Hunt	Wednesday, July 24	[]M []T []W []Th []F
Week 10 July 29-Aug 2	Music, Music, Music	Wednesday, July 31	[]M []T []W []Th []F
Week 11 Aug 5-9	STEM-tastic!	Wednesday, August 7	[]M []T []W []Th []F
Week 11 Aug 12-16	We are Family	Wednesday, August 14	[]M []T []W []Th []F

SPECIAL AUTHORIZATIONS

PHOTOGRAPHY RELEASE: I/We do _____ do not _____ give consent to the YMCA of St. Joseph to take photographs of our child, _____. The photographs will be used to promote the purpose of the program. I/We understand that no financial benefits from the use of the photographs are obligated to be paid to me/us.

Parent/Guardian Signature: _____ **Date:** _____

RELEASE AUTHORIZATION: I/We do ____ / do not ____ give consent for my/our child _____, to participate in field trips. I release the program of any liability unless negligence is proven.

Restrictions: _____

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO ADMINISTER SUNSCREEN: Please initial each statement below.

- ___ I provide consent for the YMCA of St. Joseph to assist my child with the application of sunscreen in spray form.
- ___ I agree to send sunscreen with SPF of at least 30 everyday my child attends day camp and will label it with my child's full name.
- ___ I understand I will be responsible for applying the first layer of sunscreen for my camper on all exposed skin, prior to drop off every day my child attends day camp.
- ___ I understand YMCA staff are only permitted to apply sunscreen to children in a spray form. Cream products will need to be self-applied by children.

I have read, understood and agree to comply with the YMCA Sunscreen Procedures.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO ADMINISTER INSECT REPELLANT: Please initial each statement below.

- ___ I provide consent for the YMCA of St. Joseph to assist my child with the application of insect repellent in spray form.
- ___ I agree to send insect repellent (DEET-free) with my child everyday they attend day camp and will label it with my child's full name.
- ___ I understand YMCA staff are only permitted to apply repellent to children in a spray form. Cream products will need to be self-applied by children.

I have read, understand and agree to comply with the YMCA Insect Repellent Procedures.

Parent/Guardian Signature: _____ **Date:** _____

CAMPER MEDICAL HISTORY—TO BE COMPLETED BY PARENT

Health History:

Frequent Ear Infections
Heart Defect/Disease
Convulsions
Diabetes (onset)
Bleeding/Clotting Disorders
Epilepsy (onset)
Asthma
Other: _____

Allergies:

Hay Fever
Poison Ivy, etc.
Insect Stings
Penicillin
Other Drugs
Peanuts
Other Foods

Diseases:

Rheumatic Fever
Chicken Pox
Measles
German Measles
Mumps

Please provide allergy description and instructions.

Surgeries or Serious Injuries (dates) : _____

Chronic or recurring illness or special needs: _____

Current Medications (List name, dosage and time schedule) _____

All medications must be in a correctly labeled container and given to the Camp Director at check-in time.

Primary Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

IMPORTANT—MUST BE COMPLETED FOR ATTENDANCE

Parent's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted. I understand there is some inherent risk in activities at camp and accidents sometimes occur. I understand that the camp fee does not include accident insurance. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named below.

Child's Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

DAY CAMP BANK DRAFT FORM

First Name	MI	Last Name	M/F	Birth Date
Telephone	Cell	Email		

Billing Address

Street	City	State	Zip
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Payment Terms & Conditions

■ You must provide a **ONE WEEK WRITTEN** notice for any changes to your account.
Please Initial _____

■ In order to provide for convenient Day Camp payments to the YMCA of St. Joseph, we authorize electronic funds transfer (EFT) from this specified checking/savings account, charge card or debit card. We will provide a one week written notice for any changes to our account. Please Initial _____

■ Should any EFT or charge not be honored, we understand that the Y will attempt to redraft the payment. If the EFT or charge is not honored on the redraft, we will be required provide another form of payment plus a \$10 service charge.
Please Initial _____

Payment Options

Electronic Funds Transfer (EFT): \$ _____ . _____ beginning (MMYY) _____

A. Checking Savings Bank Name: _____
Account Number

Routing Number _____ Please attach a voided check

B. Debit/Credit Card: Visa MC Discover AMEX

Expire Date

I have read and agree to all terms of the YMCA payment terms and conditions.

Signature of Responsible Party	Date
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YMCA OF ST. JOSEPH, MO

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. YMCA of St. Joseph, MO has put in place preventative measures to reduce the spread of COVID-19; however, YMCA of St. Joseph, MO **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

___ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA of St. Joseph, MO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA of St. Joseph, MO's employees, volunteers, and program participants and their families.

___ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at YMCA of St. Joseph, MO**. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless YMCA of St. Joseph, MO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA of St. Joseph, MO, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at YMCA of St. Joseph, MO.

___ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

___ INITIALS In the event that I file a lawsuit, I agree to do so in the state where YMCA of St. Joseph, MO is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

___ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

___ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing**. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I **have read and understood this document and I agree to be bound by its terms**.

___ INITIALS If I have signed a separate general waiver of liability connected to my participation at YMCA of St. Joseph, MO, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

___ INITIALS *I agree that I will practice safe social distancing and clean hygiene during my participation at* YMCA of St. Joseph, MO.

Signature _____ Print Name _____ Telephone () _____

Address _____ City _____ State _____ Zip _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

YMCA of St. Joseph, MO Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of minor's name being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Minors' Names

Print Name _____ Print Name _____ Print Name _____

Parent or Guardian _____ Print Name _____ Date _____



**ACKNOWLEDGEMENT OF RECEIPT OF 2024
YMCA DAY CAMP PARENT HANDBOOK**

I acknowledge I have received a copy of the 2024 YMCA Day Camp Parent Handbook. I agree to abide by the policies and procedures outlined in this handbook.

Print Parent's Name

Date

Parent's Signature

**ACKNOWLEDGEMENT OF YMCA OF ST. JOSEPH'S
SUMMER DAY CAMP PROGRAM EXEMPT STATUS**

I acknowledge the YMCA of St. Joseph's Day Camp program is exempt from State of Missouri child care licensure and is not required to follow their regulations.

Print Parent's Name

Date

Parent's Signature



REGISTRATION/WAIVER AND RELEASE CAMPS, CONFERENCES, AND EVENTS PARTICIPANT

*INSTRUCTIONS: Complete the Registration/Waiver and Release Form in its entirety. All sections are REQUIRED, as applicable. Type or Print legibly in Dark Ink. If Participant is LESS THAN 18 years of age parent/guardian must sign.
(PLEASE READ CAREFULLY BEFORE SIGNING)*

I. CAMPS/CONFERENCES/EVENTS INFORMATION

Camp/Conference/Event: _____

Date(s) of Camp/Conference/Event: _____ To _____

Name of Camp/Conference/Event Sponsor or Organizer: _____

II. CAMP/CONFERENCE/EVENT PARTICIPANT INFORMATION

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Birth Date: ____ / ____ / ____ Age Now: ____ Sex: _____

Email: _____

III. PARENT/LEGAL GUARDIAN INFORMATION *(Required if Participant is a Minor)*:

Name(s): _____

Relationship: _____ Email: _____

Phone #s: Primary: (____) _____ Secondary: (____) _____

IV. EMERGENCY CONTACT

Person to Notify in Event of Emergency: _____

Relationship to Participant: _____

Phone Number of Contact Person: (____) _____ (____) _____

Primary Secondary

Missouri Western State University Camp/Conference/Event and Residence Hall Rules and Expectations:
(REQUIRED)

1. Camp/Conference/Event Participants must attend all scheduled activities for the Camp/Conference/Event unless otherwise exempted from participation by the Camp/Conference/Event Organizer or Sponsor. It is understood Participants are on the University campus for the purpose of participating in the registered for Camp/Conference/Event.
2. Participants are encouraged to walk or explore campus; minors are encouraged to walk or explore campus with adult supervision only.
3. Participants who are minors are not permitted to remain in the residence halls or other campus facilities or areas without adult supervision.
4. Participants MUST be in the assigned residence hall by the designated curfew established by the Camp/Conference/Event Organizer or Sponsor. Curfew is established for the safety, security, and mental and physical well-being of all individuals.
5. Participants are expected to be appropriately clothed when outside their individual room and in common areas of the residence hall(s).
6. All Camp/Conference/Event participants, chaperones, sponsors, organizers, and volunteers, are expected to assist with maintaining a clean, safe campus environment. Please place trash in provided receptacles, report spills, damages, needed repairs, or potential hazards to the University staff located in the facility as soon as possible, properly secure individual possessions and sleeping rooms, and abide by all University and camp/conference/event rules and policies to ensure the safety of all persons and property. Individuals who fail to adhere to the University's rules and policies may be removed from the Camp/Conference/Event and denied future participation in these opportunities. Individuals staying in the residence halls may contact the RA on duty by calling 816-344-2985.
7. Participants temporarily residing in a residence hall will be issued a key/key card. A lost key fee will be assessed to the Camp/Conference/Event host by the University if all keys are not returned at check out. The Camp/Conference/Event host reserves the right to in turn assess the lost key fee to the responsible individual or group.
8. Additionally, the University will assess the condition and general repair of each sleeping room, common area, classroom or activity space of a residence hall(s) and other University facilities or areas utilized as part of this Camp/Conference/Event prior to check-in and during check-out of each Camp/Conference/Event. Any needed extra cleaning or repairs that can be attributed to the intentional damage, misuse or maltreatment of a University facility on behalf of an individual or group will be assessed to the Camp/Conference/Event host by the University. The Camp/Conference/Event host reserves the right to in turn assess the damage/repair charges to an individual, a group or all Camp/Conference/Event participants and attendees.
9. No bullying, harassment, including via social medias, or fighting is allowed.
10. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are NOT allowed on University property.
11. All medications must be in original bottle and /or container. Participants are not to share any medications, including over-the-counter medications.
12. Amplified sound, group activities, or large group gatherings are not permitted on the sleeping floors of the residence halls after 10:00 p.m. and before 10:00 a.m. unless arranged prior to the date and time in which they are to occur with the Camp/Conference/Events or Residence Life staff.
13. Do NOT prop doors, open doors or otherwise grant access to a facility to those who are not part of your group or Camp/Conference/Event. Do NOT cover any smoke detectors or otherwise tamper or disable these devices.
14. Participants, chaperones, sponsors, organizers, volunteers, and other guests or visitors are not allowed to bring pets on campus, except for those used to assist individuals with disabilities. Participants with disabilities who plan to reside in a residence hall should notify the University in advance of bringing a service or emotional support animal to ensure appropriate arrangements may be made.
15. Chaperones, sponsors, organizers, volunteers, staff and others affiliated with the Camp/Conference/Event who reside in the residence halls are expected to enforce curfew, quiet hours, and health, safety, and security procedures and to be present in the halls whenever the Participants associated with the Camp/Conference/Event are in the facility.
16. The University reserves the following rights:
 - a. To enter any room or facility for the purpose of inspection, repair or emergency.
 - b. To reassign Participants in order to accomplish necessary repairs or accommodate University operations.
 - c. To revoke the privilege of campus access, including residency in or utilization by persons who do not follow the rules, policy, or direction of University staff.
17. Participants, chaperones, sponsors, organizers, volunteers, staff and others affiliated with the Camp/Conference/Event are expected to abide by any additional rules established by the individual Camp/Conference/Event they are registered to attend.

CAMP/CONFERENCE/EVENT RELEASE OF LIABILITY AGREEMENT: (REQUIRED)

In consideration for allowing the Camp/Conference/Event Participant (as identified below) to enroll, register, and participate in the Camp/Conference/Event operated by and/or located on the Missouri Western State University campus, I/we as the parents and/or legal guardians of Participant to the extent Participant is a minor, as well as on behalf of my/our and minor Participant's heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK. I/we understand that there are certain dangers, hazards and risks (foreseen and unforeseen) inherent in attending and participating in the Camp/Conference/Event at its associated activities as operated by and/or located on the Missouri Western State University campus, including, without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage. Despite precautions, accidents and injuries can and will occur. I/we appreciate the character of the risk taken and voluntarily assume all risk of harm. I/we therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with participation in the Camp/Conference/Event. I/we further acknowledge and agree that the University will have no responsibility for the safekeeping of any personal property left in any buildings, facilities, or elsewhere on campus or in the residence hall. I/we agree to assume full responsibility for, and risk of, property damage while I/we participate in the Camp/Conference/Event.

I/we am specifically aware of the dangers involved in participation in the physical activities of an athletic/sports camp and all activities related to the camp; these activities include, without limitation, practices and events. I/we understand athletic/sports camps may involve physical contact. Further, I am aware that activities related to the camp will involve the use of certain equipment. I/we am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I/we will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel and coaches.

I/we further understand that the highly contagious nature of COVID-19, and the fact that individuals infected with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I/we understand and acknowledge that Participant is responsible for reviewing the University's health and safety protocols for Camp/Conference/Event participation and ensuring that Participant follow those protocols. I/we voluntarily assume the risk that Participant may be exposed to or infected by COVID-19 while attending the Camp/Conference/Event. I/we understand that the University may exclude individuals from participating in the Camp/Conference/Event in the event that Participant fails to abide by the University's health and safety protocols, disrupt, impede or interfere with the operations of the Camp/Conference/Event, or threaten the health, safety or welfare of other participants or Camp/Conference/Event staff, and that no refund of any fees will be made in such circumstances.

RELEASE AND HOLD HARMLESS. In consideration for the University allowing the below identified Participant to participate in the Camp/Conference/Event, I/we agree Participant will not sue the University and I/we release the University from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to Participant, arising from participation in the Camp/Conference/Event or while upon the premises where the Camp/Conference/Event is being conducted. I/we agree to and do hereby release, acquit, forever discharge, and covenant not to sue the University and/or its Board of Governors, administrators, officers, employees, and agents from any and all liability to me, my personal representative, heirs, and next of kin for any loss, theft, damage (including from mold or mildew), destruction, claim, demands, costs, and expenses (including reasonable attorney's fees) in connection with my participation in the Camp/Conference/Event and Participant's stay in the University residence hall during my participation in the Camp/Conference/Event.

WARRANTY OF PHYSICAL FITNESS. I/we warrant that above identified Participant is physically fit and in a condition that will allow Participant to participate fully in the Camp/Conference/Event and its associated activities. I/we maintain medical insurance that covers Participant for accidents and illnesses while Participant is participating in this Camp/Conference/Event and its associated activities. I/we understand the University has not made, nor will make, any investigation into above identified Participant's physical fitness or ability to participate in the

Camp/Conference/Event, and the University is relying on my warranty of Participant's physical condition. I/we assume full responsibility for the payment of medical expenses not covered by insurance which may be incurred as a result of participation in the Camp/Conference/Event.

MEDICAL. I/we hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activities. I/we grant the University permission to authorize emergency medical treatment as it deems appropriate, and agree that such action by the University shall be subject to the terms of this Release of Liability Agreement. I/we understand and agree that the University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. I/we have appropriate insurance or, in its absence, I/we agree to pay all costs of medical services and medical transport as may be incurred on Participant's behalf.

TRANSPORTATION. I/we understand and agree that on some occasions, I/we must arrange Participant's own transportation related to/during the Camp/Conference/Event and/or on some occasions Missouri Western State University may arrange transportation for Participant. I/we further understand that my/our decision to accept transportation from Missouri Western State University is completely voluntary and accepted at my/our own risk that I/we am not required to accept such transportation, and that such transportation will not be covered by any Missouri Western State University insurance. If I/we arrange my own alternate transportation, I/we understand that I/we must provide personal automobile collision and liability insurance, at my expense if I/we choose to drive.

PHOTOGRAPHY. In consideration of Participant's engagement as a video tape/photography subject, upon the terms herein after stated, I/we hereby grant Missouri Western State University, its legal representatives and assigns, those for whom Missouri Western State University is acting, and those acting with its authority and permission, the absolute right and permission to copyright and use, re-use and distribute visual and aural representations of Participant or in which Participant may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with Participant's own or a fictitious name, for any purpose whatsoever. I/we hereby waive any right that I/we may have to inspect or approve the finished product (s) or printed matter that may be used in connection therewith.
Permission Granted Permission Denied

INTENT. It is the express intent that this Release of Liability Agreement shall bind the members of Participant's family and spouse (if any), estate, heirs, administrators, assigns, and personal representatives. I/we agree that this Release of Liability Agreement and any claim arising from my participation in the Camp/Conference/Event shall be construed in accordance with the laws of the State of Missouri, without regard to its conflict of laws provision. The terms of this Release of Liability Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions of shall not be affected thereby.

In signing this Release of Liability Agreement, I hereby acknowledge and represent that I have read the foregoing Release of Liability Agreement, that I understand and agree to abide by its content and terms, and that I understand that such terms are contractual and sign it voluntarily.

Participant Printed Name: _____

Participant Signature: _____ Date Signed: _____

Parent or Guardian must sign if Camp/Conference/Event Participant is under 18 years of age.

Parent/Guardian Printed Name: _____