



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Sheridan County YMCA

CAMPER WALKING CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IMDEMNITY AGREEMENT

CONSENT

I authorize and give consent to the Sheridan County YMCA to release my child from Camp without parental supervision and hereby consent, acknowledge and allow my child to be released from camp without parental or YMCA supervision. I acknowledge that my child is 8 years of age or older. I acknowledge that if my child checks-in as a member to the Y facility before/after camp, they are unsupervised and must follow Y facility behavior rules. It is the child's responsibility to get to camp on time. Any breach of rules could result in loss of access to the Y facility unattended.

RELEASE and WAIVER OF CLAIMS

I, individually and/or on behalf of my minor child(ren), hereby release and hold Sheridan County YMCA and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from walking from camp.

ASSUMPTION OF RISK

I, individually and/or on behalf of any minor child(ren), expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to leave from camp unattended.

YOU ASSUME THE RISKS

I, individually and on behalf of my minor child(ren), understand that walking unsupervised may be dangerous. **Once you sign, you are saying that you understand the risks involved and accept all of the risks.**

INDEMNIFICATION

I, individually and on behalf of my minor child(ren) shall hereby defend and indemnify Sheridan County YMCA and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child to leave from camp unattended.

DURATION

This release will remain in effect for the existing camp season and I agree that I will notify the YMCA in writing if I choose to revoke this authorization.

2020 Camp Season

Child's Name

Child's Date of Birth

Child's Address

Phone Number

Comments

Parent Signatures

Parent or Guardian's Printed Name

Parent or Guardian's Printed Name

Parent or Guardian's Signature Date

Parent or Guardian's Signature Date

Parent or Guardian's Daytime Number

Second Phone Number