



YMCA of Van Wert County

241 W. Main Street • Van Wert, OH 45891
(419) 238-0443 • www.vwymca.org

We build strong kids, strong families, strong communities.

GENERAL LIABILITY RELEASE FORM

YMCA Camp Clay

GENERAL LIABILITY:

I understand that the YMCA of Van Wert County assumes no responsibility for injuries, which I or my child/ward may sustain as a result of my or my child's/ward's physical condition or resulting from my or my child's/wards participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Van Wert County & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illness that may result. In consideration of the privilege of joining, or using the YMCA and/or Camp Clay, I hereby voluntarily release and discharge the YMCA of Van Wert County, its agents, servants, and employees from any and all claims of injury, death, loss or damage that I or my child/ward may suffer. I understand that the YMCA of Van Wert County is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE:

We love taking pictures of our guests enjoying their time at Camp Clay. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Van Wert County permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. **If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.**

Name of Participant _____ Date of Birth _____

Signature _____ Date _____

Self/Parent/Guardian (circle appropriate title)

Address _____ City _____ State _____ Zip _____

Email Address _____

EMERGENCY AUTHORIZATION:

I hereby give permission to the medical personnel selected by the Camp Director to provide routine healthcare; to administer medications; to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child/ward. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above.

Signature _____ Date _____

Self/Parent/Guardian (circle appropriate title)