



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WIDJI FALL SAMPLER 2019 REGISTRATION



Camp Widjiwagan, located on the shore of Burntside Lake in northern Minnesota, is the perfect place to spend your fall school break! Widji's Fall Sampler weekend offers you the opportunity to canoe, hike, play games, meet new friends, reconnect with old ones, enjoy great food and have some terrific fall fun.

When: October 17-20, 2019

Who: Youth ages 12-18

Cost: \$170.00/person (\$50 non-refundable) includes transportation

*Financial Assistance available, contact 651-645-6605 for information.

TRANSPORTATION provided from the White Bear Area YMCA

Departs: 8:00 am October 17

Returns: 2:00 pm October 20

*confirmations and further information will be sent via email.



Name _____

Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Phone _____

Alternate Phone _____

Email address _____

Emergency contact name and phone _____

Special concerns and/or dietary needs _____

Are you a new or returning camper? ☐ New ☐ Returning

This is my _____ year at Camp Widjiwagan.

PAYMENT OPTIONS:

☐ Check included

Please charge my: ☐ Visa/MasterCard ☐ Discover ☐ AmEx

Account number _____ Exp date _____

Signature _____

Please complete this registration form and mail or scan and email it to: info@widji.org

Registration deadline of October 7, or until filled.

Space is limited!

YMCA CAMP WIDJIWAGAN

651 Nicollet Mall, Suite 500

Minneapolis, MN 55402

P 651-645-6605

F 612-465-0559

W widji.org

facebook.com/widjiwagan

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the Greater Twin Cities and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
 2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My child's participation in these activities is purely voluntary and I elect to have my child participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue my child's participation.
 3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in these activities, or my child's use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
 4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that my child has no medical or physical condition which could interfere with his/her safety in these activities, 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.
 5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
 6. 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.
- By signing this document, I agree that if my child is hurt or property damaged during my child's participation in this activity, then I and my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**
- 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 my child 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.**

PARENT/GUARDIAN AUTHORIZATION

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
3. My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
6. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
7. I give my permission for the YMCA to administer sunscreen as needed.

Parent Signature _____ Print Name _____

Minor Name _____

Address _____ City _____ State _____ Zip _____

Telephone (with area code) _____ Date _____

THIS FORM MUST BE SUBMITTED WITH THE REGISTRATION FORM