



DISCOVER CONNECT THRIVE

WOMEN'S RETREATS

YMCA CAMP WIDJIWAGAN 2019-2020



Spend a weekend enjoying the north woods, experiencing the gorgeous fall colors, skiing along the snow-packed trails or relaxing by the fireplace in Kirby Lodge with a steaming mug of cocoa. Whatever your pleasure, you can enjoy it during a Widji Women's Retreat weekend.

Retreats are located at Camp Widjiwagan, 3788 North Arm Road, Ely, MN 55731.



FALL WOMEN'S WEEKEND RETREAT

September 20-22, 2019

Escape your busy schedule and spend the weekend at Widji relaxing and rejuvenating. Our staff will be on hand to guide canoe outings and day hikes or you can explore on your own. There will be crackling fires, plenty of good food and gorgeous fall colors. For an additional fee, cabins with indoor plumbing are available on a limited basis. Standard cabins use centrally located bathroom facilities. Requests for housing in our cabins with indoor plumbing will be assigned on a first-come first-serve basis.

Who: Women ages 18 and older

Cost: \$170 Plumbing Cabin
\$135 Standard Cabin

Registration deadline: September 14, 2019, or until filled.



WINTER WOMEN'S WEEKEND RETREAT

January 31 - February 2, 2020

Whether you're an expert or novice at winter activities, this is your chance to get out on skis or snowshoes and enjoy the quiet beauty of winter in the north woods. We'll have Widji staff on hand to teach and guide you on the winter trails, or you can grab a map and head out on your own adventure. In the evenings you can relax by a crackling fire or enjoy a sauna. Tailor your weekend to your own desires and make it as relaxing or rigorous as you wish. For an additional fee, cabins with indoor plumbing are available on a limited basis. Standard cabins use centrally located bathroom facilities. Requests for housing in our cabins with indoor plumbing will be assigned on a first-come first-serve basis.

Who: Women ages 18 and older

Cost: \$170 Plumbing Cabin
\$135 Standard Cabin

Registration deadline: January 24, 2020, or until filled.

YMCA CAMP WIDJIWAGAN

P 651-645-6605 W widji.org facebook.com/widjiwagan



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WOMEN'S RETREATS

2019 - 2020 Registration

YMCA CAMP WIDJIWAGAN

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address _____

Fall Women's Retreat Winter Women's Retreat

Cabin preference: Plumbing (\$170) Standard (\$135)

Camp Widjiwagan will assign housing on a first-come first-serve basis. We will notify you if we are unable to accommodate your housing preference.

Cabins are rustic yet cozy and warm. Some cabins do offer indoor plumbing while the others use a centralized wash house facility.

If applicable:

Have you been a Widji camper? Yes No Years: _____

Have you been a Widji staff? Yes No Years: _____

Please identify any special dietary needs. _____

Cabin mate preference: _____



PROGRAM INFORMATION:

I wish to enroll myself in the session(s) at Widjiwagan as noted on this form.

- ◆ In the event I cancel my registration, I understand that all fees are nonrefundable beginning one month prior to the start of my session.
- ◆ I agree to notify Widji of any serious restrictions or conditions related to my participation.
- ◆ Upon registration, I understand that I will receive planning information and directions to Camp Widjiwagan.
- ◆ I understand that space is limited in cabins with indoor plumbing and that requests for housing space in a cabin with indoor plumbing will be assigned on a first-come first-serve basis. If the housing I request is not available and I choose not to attend the weekend because of this, I will be issued a full refund.
- ◆ The use of non-prescription drugs, alcohol, vaping and tobacco is not allowed on the Camp property. I agree to abide by this policy.

Signature _____

Date _____

PAYMENT OPTIONS:

Check Included Amount Total \$ _____

Please charge my:

Visa Discover AmEx MasterCard

Account Number _____

Expiration Date _____

Signature _____

Please complete this registration form and mail with payment to:

YMCA CAMP WIDJIWAGAN

651 Nicollet Mall, Ste 500

Minneapolis, MN 55402

P 651-645-6605 F 612-223-6322

W widji.org facebook.com/widjiwagan



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE 8/01/13

Adult Waiver

YMCA CAMP WIDJIWAGAN

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 (hereinafter referred to as YMCA) 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/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue 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/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. 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 I/my child have no medical or physical conditions which could interfere with our 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

PARENT/GUARDIAN AUTHORIZATION SECTION -- TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child 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.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
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 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.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

GENERAL

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or 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 me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Date _____

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