

## YMCA Camp Tockwogh FACILITY USER/VISITOR AGREEMENT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING

Name				
Gender: DOB Mont	 ា:Day	Year		
Address				
City		State		_ Zip Code
Home Phone		EMAIL		
IN CASE OF EMERGENCY, P	_EASE NOTIFY: N	Name		
Phone	Relatio	ionship to participa	nt	
the premises or while using or ob	serving the premise o Tockwogh, and un	es or any facilities or ed Inderstand and agree tha	quipmen	ng at Camp Tockwogh ("YMCA") while in, upon or about nt, or participating in any program affiliated with the y be expelled at any time, with no refund of any monies
PROGRAMS OF THE YMCA FOR A	NY PURPOSE, INCLU	LUDING BUT NOT LIMITE	ED TO O	ACILITIES INCLUDING CAMP TOCKWOGH, SERVICES AND DBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR ties including Camp Tockwogh, I HEREBY AGREE TO THE
EQUIPMENT AND PARTICIPATION SERIOUS INJURY OR DEATH. I HE OR LOSS, regardless of severity, premises or while using or observ	INPROGRAMS, CAN REBY ASSUME FULL that I or my minor c ing the premises or	AN INVOLVE MOVEMENT LL RESPONSIBILITY FOR child/ward may sustain or any facilities or equip	T, STRA AND RI from my ment, o	G CAMP TOCKWOGH OR ELSEWHERE, INCLUDING USE OF IN AND OTHER ELEMENTS THAT CREATE RISK OF SK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE y or my minor child/ward's presence in, upon or about the participating in any program affiliated with the YMCA of caused solely by the YMCA's gross negligence.
COVENANT NOT TO SUE the YMO employees, agents or represental minor child/ward may have or wh about the premises or while using	A, its operating cer ives (the "Releasee: ch may accrue to m or observing the p	enters, their respective on es") and each of them frough the menter or my minor child/wa premises or any facilitie	officers, om any ard from es or equ	OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND, directors, Managers, Trustees, members, volunteers, and all claims for injuries, damages or losses that I or my my and/or my minor child/ward's presence in, upon or uipment, or participating in any program affiliated with loss that is caused solely by the YMCA's gross
may incur from my or my minor cl	nild/ward's presence pating in any progra	ce in, upon or about the ram affiliated with the Y	premis MCA of	d each of them from any loss, liability, damage or cost the es or while using or observing the premises or any f Delaware including Camp Tockwogh, except for any loss,
· · · · · ·	of Maryland and if	f any portion thereof is		WAIVER is intended to be as broad and inclusive as is valid, it is agreed that the balance shall,
FACILITIES INCLUDING CAMP TO	KWOGH OR PROPE er agree that no ora le.	ERTY. I HAVE READ AND ral representations, stat	VOLUN tements	BY ME TO ANY YMCA OF DLEAWARE NTARILY SIGNED THIS ASSUMPTION OF RISK, s or inducements apart from the foregoing
		UNTIL YOU HAVE REA		
CIGNATUDE	THIS AGRE	EEMENT CONTAINS A	WAIVE	
SIGNATURE(Part	cipant's signature)	 1		DATE
(Fait	cipalit a aigilatule)	,		
SIGNATURE				DATE