

## YMCA Camp Widjiwagan Waiver

### Health Exam - HW 6

I certify that the information provided is correct and complete so far as I (the undersigned) know, that the camp activities offered at the YMCA Camp Widjiwagan may at time require the participants to exert themselves, and the person herein described as the camper has permission to engage in all prescribed camp activities, on or off YMCA Camp Widjiwagan premises, except as noted on this health form. I understand that it is the responsibility of the parent/guardian to inform YMCA Camp Widjiwagan of any changes or additions to this form on the day the child arrives at camp. I also certify that the above-named camper has received a health exam from licensed medical personnel within the past 12 months of the time the camper will be at YMCA Camp Widjiwagan. I have listed any physical condition requiring restrictions on participation in the camp program and a description of such restrictions. I have also listed any current or ongoing treatments or medications.

### Permission To Treat - HW 7

I give permission to YMCA Camp Widjiwagan to provide routine health care, administer prescribed medications, and seek emergency medical treatment which may include without limitation the administration of approved over-the-counter medications. Additionally, I hereby authorize YMCA Camp Widjiwagan to secure any necessary medical treatment on behalf of Camper, including the administration of anesthesia and surgery, as such may be determined necessary. I acknowledge and agree that such medical treatment shall be solely at my expense and I agree to reimburse YMCA Camp Widjiwagan for any expenses which it may incur on account of Camper's medical treatment by non-YMCA Camp Widjiwagan medical providers.

### Parent Notification - HW 17

Parents/guardian will be promptly notified upon YMCA Camp Widjiwagan learning of an accident/injury/illness of their child for unresolved fever above 100.5 degrees for 4 hours, unresolved vomiting x2 episodes and/or longer than 2 hours, unresolved diarrhea x3 episodes and/or longer than 4 hours, health clinic stay longer than 12 hours, overnight health clinic stay, transfer to see physician and/or to a local health care facility for emergent treatment for physical and/or psychological care, and any condition deemed necessary by the camp nurse and/or summer camp director. Parents/guardians hereby waive any and all claims to or regarding notification, or failure to notify, for minor issues that do not meet or rise to the level of those described above.

### Permission to Apply Bug Repellant and Sunscreen

I give permission to YMCA Camp Widjiwagan staff to apply bug repellant and sunscreen to my child if they need assistance in doing so. (If your camper has allergies to certain ingredients in either one of the above please send sunscreen and/or bug repellant that they may use while at camp. Please label with Camper's first and last name.)

### Participation Waiver

I approve this application and certify the Camper is capable of such an experience. I agree to have the balance of the camp fees paid before the beginning of the session(s) reserved. Camp fees are non-refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior, as determined by the Camp Director. I understand that the deposit is not refundable under any circumstances. I grant permission for the applicant to participate in all planned camp activities, including out of camp trips by bus or van, hiking, rock climbing, horseback riding, or swimming. The YMCA is not responsible for lost, stolen or damaged personal items. I agree to waive any claims against the YMCA and its members, staff and volunteers for injuries or damages that may result from the conduct of third parties other than the YMCA Camp Widjiwagan and its members, staff, and volunteers, but including participants in YMCA programs. All waivers and agreements provided herein are being given as additional consideration for Camper's attendance at, and participation in the activities of YMCA Camp Widjiwagan.

### Publicity Waiver

I give permission to YMCA Camp Widjiwagan to take photographs and/or audio/video recordings of my child and to use them for educational, professional and publicity purposes for YMCA Camp Widjiwagan, YMCA of Middle TN and its Community Partners unless otherwise stated in writing. (Photos will be available for purchase by password protection on SmugMug, info will be handed out at check-in.)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_