

# YMCA Camp Erdman - Odyssey Course, Alpine Tower, Team Development Course

## YMCA of Honolulu - HEALTH DISCLOSURE FORM

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Organization / School \_\_\_\_\_

**Please read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with at pre-existing condition. This information is to be confidential.

<b>Question</b>	<b>Response</b>	
1. Any pre-existing medical conditions? If yes, please explain: _____	Yes	No
2. Are you currently taking any prescription or non prescription medication? If yes, please explain: _____	Yes	No
3. Do you have any heart condition?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects, or medicines)?	Yes	No
6. Do you foresee any problems participating in the upcoming Alpine Tower Odyssey Challenge Course activity due to a lack of physical exercise?	Yes	No
7. Do you feel any pressure of coercion from employer or others to participate?	Yes	No
8. Do you have a disability? If yes, please indicate the functional implications and any concerns about participation related to the disability. _____ _____	Yes	No
9. Describe your current level of physical activity: _____ _____		

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical insurance (comply and policy number) \_\_\_\_\_

### **Participant – please read and sign**

I have honestly disclosed to the staff any medical, physical, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# YMCA Camp Erdman

## Odyssey Course, Alpine Tower, Team Development Course

### PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of YMCA of Honolulu, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as YMCA), I hereby agree to release, indemnify, and discharge YMCA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

YMCA programs are based on the "challenge by choice" principle. At any time you and / or your group are free to withdraw from participation in ropes course activities. **The risks include, among other things, the potential for:** slips, fall and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated disease.

Furthermore, YMCA instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activity of my use of YMCA equipment of facilities, including any such Claims which allege negligent acts or omissions of YMCA.

4. Should YMCA 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 such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against the YMCA, I agree to do so solely in the state of *Hawaii*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. 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 acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I maybe found by a court of law to have waived my right to maintain a lawsuit against YMCA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

---

### PHOTOGRAPH / VIDEO RELEASE

I, the undersigned, consent for all purposes to reproduce, sell, and / or use of photographs or videos of the undersigned (with or without the use of the individual's name), by the YMCA of Honolulu and by any nominee or designee of the YMCA of Honolulu (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art and exhibition.

In giving this consent I release the YMCA of Honolulu and their nominees and designees for liability for any violation of any personal and /or proprietary right I may have in connection with such sale, reproduction or use.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Guardian's Signature (If under the Age of 18): \_\_\_\_\_

---

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by YMCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless YMCA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_