

ATTENTION PARENTS:

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO YOUR CHILD(S) FIRST DAY OF CAMP. FAILURE TO DO SO WILL RESULT IN YOUR CHILD NOT PARTICIPATING IN THESE ACTIVITIES.

*Please initial the activities you are allowing your camper to participate in. Any blanks indicate you do not want your camper participating in those activities. This is your choice and your camper is not required to participate in any of the below activities.

_____ I have read the **Horse program** liability release. I understand its contents and agree to its terms. I am further aware that I am releasing certain legal rights.
(All of Leif Ericson, Tepeetonka and TLC campers)

_____ I have read the **High ropes program** liability release. I understand its contents and agree to its terms. I am further aware that I am releasing certain legal rights.
(Tepeetonka and TLC campers)

_____ I have read the **Palisades climbing program** liability release. I understand its contents and agree to its terms. I am further aware that I am releasing certain legal rights.
(Tepeetonka and TLC campers)

_____ I hereby consent to participation of my child in the Sioux Falls Family YMCA day camping program. I also, on behalf of my child, agree to indemnify and hold harmless the Sioux Falls Family YMCA from any claims, costs, damages, liabilities or expenses resulting from injury to my child while in the care, custody or company of the directors or staff members. I also give permission for the Sioux Falls Family YMCA to use any photographs or videos of my child for promotional purposes.

Parent/Guardian Signature _____ Date: _____

Print name: _____

Print Camper's Name: _____

Camp Session Attending: _____

Age of Camper: _____

This is the only form that needs to be returned to the YMCA. All other forms can be kept for your records.