



**YMCA of Metro Atlanta, Inc & YMCA Camp High Harbour  
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION  
For Extended Season Programs**

By signing this Release, Waiver, Indemnification, and Health Affirmation below, I intend to be legally bound hereby, for myself, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of YMCA of Metro Atlanta, Inc. ("YMCAMA") permitting me to attend and participate in activities at YMCAMA's facility YMCA Camp High Harbour. I hereby release and forever discharge YMCAMA and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my attendance at YMCA Camp High Harbour. I understand and certify that my participation in **Wesleyan School** ("User Group") and its activities at YMCA Camp High Harbour is completely voluntary and I have familiarized myself with User Group's program and activities at YMCA Camp High Harbour in which I and/or my child/ward will be participating. I recognize that certain hazards and dangers are inherent in User Group's activities and programs, and I acknowledge that YMCAMA cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize, I and/or my child/ward will be attending and participating in activities at YMCA Camp High Harbour, and understand the importance of knowing and abiding by the rules, regulations, and procedures for Users Group's camp at YMCA Camp High Harbour. I also agree to defend, indemnify and hold YMCAMA and its officers, employees, and agents harmless from and against any and all damages, cost, claims, demands, action or causes of action sustained by any other person as a result of my participation at YMCA Camp High Harbour caused in whole or in part by the negligence of YMCAMA, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of YMCAMA. Further, I attest that my Health Insurance will cover any medical and hospital expense that I and/or my child/ward may incur and that I have received approval from a licensed Doctor, authorizing me my child/ward to participate in at least some of the actives at YMCA Camp High Harbour. I further agree to inform User Group of any activities in which I and/or my child/ward are not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I give permission for myself (or the minor child or ward) to be treated by a doctor if the Camp Director or Camp Nurse deem necessary

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor Child or Ward (if applicable): \_\_\_\_\_