

## EQUINE (HORSEBACK RIDING) ACTIVITY WAIVER/RELEASE

*Required for all Ranch, Jr. Wrangler, Horseback Riding Lessons and Trail Ride participants*

I, \_\_\_\_\_, am over 18 years of age and am the (parent, guardian, custodian or other legal representative) of \_\_\_\_\_, a minor, age \_\_\_\_\_. I acknowledge that YMCA Camp Willson is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at YMCA Camp Willson in which I wish (child's name) \_\_\_\_\_ to participate. I recognize and acknowledge that my child's participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my child's participation in the above described activities and waive any and all claims for tort or civil actions of any kind which my child, I or my heirs, personal representatives and next of kin may have or which may arise against YMCA Camp Willson as a result of my child's participation in such equine activities. On behalf of my child, myself, my heirs, personal representatives and next of kin, I hereby release and discharge YMCA Camp Willson, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, my child's participation in such equine activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to: YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382

**I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.**

\_\_\_\_\_  
Parent or adult participant signature (must be signed in ink) Address: \_\_\_\_\_

\_\_\_\_\_  
Printed Name Date \_\_\_\_\_  
Witness/2nd parent signature Date

## HIGH ROPES COURSE PARTICIPATION AGREEMENT

*High Ropes is only available to campers enrolled in Trailblazers, Adventurers, Frontier, Pathfinders, Ranch, LIT's, CIT's, Trips, Garage Band*

### Print Participant Name

I understand that my / my child's participation in programs offered by the High Ropes Challenge Course at YMCA Camp Willson is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that **my participation is purely voluntary**. At all times I will choose my level of participation in any activity.

I understand the employees of YMCA Camp Willson have received training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the High Ropes Challenge Program for which I and/or my child have enrolled, entails certain risks. I/my child elect to participate in spite of these risks.

**Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release YMCA Camp Willson and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to:

YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382

\_\_\_\_\_  
Signature of Participant (required) Date Age \_\_\_\_\_  
If under 18, Signature of Parent/Guardian Date

Address: \_\_\_\_\_