



Camp Olson YMCA
4160 Little Boy Rd NE
Longville, MN 56655
218-363-2207



Participant & Guest Expectations & Waiver

A Welcoming and Safe Place for All (code of conduct)

YMCA Camp Olson welcomes all participants. Our goal is to promote kindness, good manners, and consideration of all people's wants and needs. Camp Olson seeks to create an environment that is free from discrimination and devoid of violence, intimidation, or harassment based on race, creed, color, national origin, religion, gender identity, sexual orientation, or disability. We strive to be a place that embraces and celebrates diversity in all aspects of humanity.

All participants are expected to respect other people, including campers, family members, guests, and Camp Olson employees. Participants must be responsible for themselves and their actions. It is not acceptable in our community to make fun of others, bully, harass, intimidate, or attempt to exclude people. Within camp, participants and guests are expected to practice respect, cooperation, and compromise. For the protection of every participant, we reserve the right to deny or cancel the enrollment of any participant who cannot behave appropriately within the camp community.

We will not tolerate emotional or physical abuse, or sexual harassment. For the protection of every participant, we reserve the right to immediately dismiss any participant or guest, without refund, as a result of any behavior which affects another participant's or guest's ability to enjoy the community of camp, or seriously disrupts our program. Parents, legal guardians, or group leaders will be notified of our decision to terminate a minor's participation at camp.

Please sign family waiver on reverse side of this page.

FAMILY WAIVER

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Please complete and return with registration. Please submit one waiver per family.

PARTICIPANT INFORMATION Please attach a separate page if needed.

ADULTS

Name	DOB	Any medical condition, allergy or medications that may impact participation
Name	DOB	Any medical condition, allergy or medications that may impact participation
Name	DOB	Any medical condition, allergy or medications that may impact participation

MINORS STAYING WITH THE ABOVE ADULT(S)

Name	DOB	Any medical condition, allergy or medications that may impact participation
Name	DOB	Any medical condition, allergy or medications that may impact participation
Name	DOB	Any medical condition, allergy or medications that may impact participation
Name	DOB	Any medical condition, allergy or medications that may impact participation

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I hereby acknowledge these risks and expressly assume all risk of injury arising out of or resulting from my participation in the physical activities, attendance and YMCA Camp Olson experience.

Further, by my signature below (or signature of parent or legal guardian for participants under the age of 18), I hereby release and forever discharge YMCA Camp Olson, its officers, directors, employees and volunteers, (hereinafter collectively referred to as "ASSOCIATES"), from all liability. Any and all past, present, or future claims, demands, obligations, actions, causes of actions, rights, damages, expenses, of any nature whatsoever, either at law or in equity, whether statutory, or in contract or in tort including but not limited to bodily injury, wrongful death, property damage, damage to, including theft of property, or any other damages arising out of, or resulting from, my participation in the YMCA Camp Olson experience. I do further agree that I shall not bring any claims, demands, legal actions and causes of action against YMCA Camp Olson ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to any illness including but not limited to COVID-19, bodily injury, death, property damaged sustained by me or my minor children and/or legal ward in relation to the premises and operations of YMCA Camp Olson. I certify to the best of my knowledge that only the people listed on my registration form will be using the facilities while in attendance. Additionally, I agree to notify the administrators of YMCA Camp Olson should anyone not listed on my registration form spend the night in the cabin where I am located.

PHOTOGRAPHY RELEASE

I also authorize YMCA Camp Olson to take and use photographs, slides, video, and audio of the participants named on this registration as needed for promotional purposes.

Yes No Initials

I agree to the Safe Place for All/Code of Conduct.

TRANSPORTATION/MEDICAL PARENT/GUARDIAN AUTHORIZATION

1. In the event that I/any family member/or other person listed on my registration form need immediate medical attention for injuries received while participating in a YMCA Camp Olson program or as a guest, and I become incapacitated, I authorize YMCA Camp Olson staff to give me, any family member, or other person listed on my registration form reasonable first aid, and to arrange transport of myself or any family member to a health care facility for emergency services as needed.
2. I give permission for myself /any family member/or other person listed on my registration form to be transported as needed for field trips, inclement weather, or any other reason.
3. I hereby acknowledge that YMCA Camp Olson will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
4. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
5. If I/any family member/or other person listed on my registration form requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my family member or within our personal belongings every day of the program. If YMCA Camp Olson staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge YMCA Camp Olson and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

WAIVER

We/I have read and understand the above information and agree to assume all risks for myself, the minors in my care or my minor children attending in my absence. (all participants 18 years of age or older listed on this form and/or staying in this cabin must sign our Liability Waiver)

Date Signature Parent/Guardian

Date Parent/Guardian Not Attending

Date Signature

Date Signature

Date Signature