



CAMP HAZEN YMCA
 204 West Main St, Chester, CT 06412
 T: (860) 526 9529 F: (860) 526 9520

Group Camping Waiver

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Date of Birth: _____

Address: _____

E-Mail Address: _____ Phone: _____

Group: _____

In case of emergency while we are at Camp Hazen YMCA, please contact:

Name: _____ Phone: _____

Relationship to Participant: _____

Please certify that you will not attend nor send a student to a program at Camp Hazen YMCA if any of the following conditions are met:		<input type="checkbox"/> I agree
<ul style="list-style-type: none"> • Symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath) on the day of the trip • Presentation of a fever in the 24 hours before the trip 		
Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking any current medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any heart problems or heart medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have high blood pressure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies (bees, insects), reactions to medications or physical limitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'Yes' to any of the questions above, please give details below:	DIETARY REQUIREMENTS:	
	Are you a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other dietary restrictions/food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Details:	

Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:

I hereby grant Camp Hazen YMCA and its agents' full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Hazen YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

Participant Signature*: _____ Date: _____

**If any participant is under the age of 18, their parent or guardian must also sign below:*

Signature of Parent/Guardian: _____ Date: _____



CODE OF CONDUCT

1. I will always consider safety of myself and others as a priority in all situations.
2. I will respond to others with respect and consideration and treat all guests and staff equally regardless of sex, race, religion, culture, economic level of the family, or disability.
3. I will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.
5. I will contribute to an environment that is free from physical, psychological, written, or verbal intimidation or harassment.
6. I will not physically, sexually, or emotionally abuse or neglect a child or an adult.
7. I will share concerns about suspicious or inappropriate behavior with the Director on Duty or other professional staff.
8. I will report any suspected abuse or neglect of children to an appropriate authority.
9. I will accept my personal responsibility to protect children and adults from all forms of abuse.

GROUP POLICIES

1. Camp Hazen YMCA assumes no responsibility for accident or injury. We have no medical personnel on the property. We advise that each group have an adult with certifications in CPR and First Aid. Groups are responsible for their own transportation to medical facilities.
2. Camp Hazen YMCA assumes no responsibility for personal property (lost, stolen, or damaged).
3. Groups will be held responsible for loss, defacing, breakage, etc., of camp equipment and property.
4. Alcohol, drugs, tobacco, vaping, firearms, pets, and fireworks are NOT permitted in camp, or on camp property. Camp Hazen YMCA maintains a smoke-free campus. There is NO SMOKING in any of Camp Hazen's buildings, on our fields, waterfront or trails.
5. We suggest a minimum leadership requirement for youth groups is two adults, with a ratio of one adult for every nine students. Students are considered to be anyone age 18 or younger. All adults who supervise students should be trained to minimize the potential of being in a one-on-one student/adult situation when out of sight of others.
6. The chaperones are fully responsible for the whereabouts and conduct of the group. We recommend that groups establish a screening policy for the selection of chaperones/adult leaders and are given access to Camp Hazen YMCA's Chaperone Guide sheet.
7. Use of buildings, facilities and grounds will be as designated by Camp Hazen YMCA staff. Because you may be sharing the camp with other groups, we ask that you use only the facilities assigned to your group.
8. As you may know, Camp Hazen YMCA is an environmental center. You can help us keep it looking clean and fresh for the wildlife that resides here by discarding your trash in the proper receptacles.
9. Upon arrival all group members are required to attend an orientation/briefing of emergency procedures presentation by a Hazen Staff member.

INFORMED CONSENT/LIABILITY RELEASE

- I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary, and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
- I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.
- I authorize the YMCA to have and use photographs, video footage of the person named above as needed for its records and public relations programs. The email address and mailing address provided will only be used for internal marketing purposes and will not be shared with any third parties.
- **I have had sufficient opportunity to read this entire document. I have read and understand it including the Code of Conduct and the Group Policies, and I agree to be bound by its terms.**

Participant Signature*: _____ Date: _____

**If any participant is under the age of 18, their parent or guardian must also sign below:*

Signature of Parent/Guardian: _____ Date: _____