

# Challenge Adventure Program Participation Agreement

\_\_\_\_\_  
Print participant name

\_\_\_\_\_  
Program or Group Name

\_\_\_\_\_  
Date

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Challenge Adventure Program at the **YMCA of Greater Williamson County/ Round Rock ISD** 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 the **YMCA of Greater Williamson County / RRISD** have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives, and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I 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 the YMCA of Greater Williamson County / RRISD 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 and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant the **YMCA of Greater Williamson County / RRISD** and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

\_\_\_\_\_  
Signature of participant (required)

\_\_\_\_\_  
if participant is under 18,  
(signature of Parent or Guardian is REQUIRED)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Person to be contacted in case of emergency:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address