



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP WATCHAUG Rental Group Form

This form must be completed by all guests/students participating in activities at YMCA Camp Watchaug

The Group Leader is responsible for collecting and giving to Director on Duty upon arrival at camp.

Name: _____
Age (if under 18)

Mailing Address: _____
Street Address/PO Box

City _____ State _____ Zip _____

Email Address: _____

Emergency Contact Information:

Name	Relationship
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Phone(s): () _____	() _____
Home	Cell

I understand that in the event of an emergency requiring all participants to gather in a central location, an air horn will be blown in repeating sets of 2 blasts. All participants should report to the Lodge or amphitheatre to await further instruction.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the OCEAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA), its officers, directors, trustees, agents, servants or employees might have for, any bodily injury to have incurred while I or a member of my family listed above are practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me or any member of my family listed above while practicing for or participating in any contest or exhibition or sports nature sponsored by the YMCA.

I understand that by signing below the image or voice of the person named above may be used in Ocean Community YMCA promotional materials including the website and social media.

***Signature:** _____ **Date** _____

*Must be signed by a parent/guardian if participant is under the age of 18.