

**Stevens Point Area YMCA – Camp Glacier Hollow**  
**SCHOOL GROUP: PARENT/GUARDIAN CONSENT/RELEASE FORM**

**School Group:** \_\_\_\_\_ **Program Date:** \_\_\_\_\_

\_\_\_\_ *P/G Initials* I hereby certify that my child is in good health and capable of safe participation, and can participate in YMCA Camp Glacier Hollow activities which may include: canoeing/kayaking/boating, swimming, hiking, archery, sling shots, group team building, sports, fishing, and other related camp activities.

\_\_\_\_ *P/G Initials* I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teachers Name** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_ **Address** \_\_\_\_\_

**Contact Phone(s)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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