



Women's Wellness Weekend

REFRESH AND RENEW

March 11 – 13, 2016

YMCA CAMP COLLINS
 3001 SE Oxbow Parkway
 Gresham, OR 97080
 Phone: 503.663.5813
 Fax: 503.663.2323
campcollins@ymcacw.org

Participant Name: First _____ Last _____ Adult Participant? (18 or over) Yes No
 If No – What grade is participant? _____
 (Only chaperones high schoolers, 10th grade and up may attend)

Where did you hear about this program? _____ Email Address _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____

If minor participant:
 Name of Parent/Legal Guardian _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Name of Parent/Legal Guardian _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Name of Adult Chaperone for the Weekend _____ Relationship _____

Group/Cabin Mate Request * _____
We will do our best to accommodate request

ACTIVITIES

You will have the opportunity to participate in a number of activities while on site. Please check off the activities you are interested in.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Giant Swing | <input type="checkbox"/> Yoga Classes | <input type="checkbox"/> Massage (Additional |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Zip Tour (Participants | charge to be paid to |
| <input type="checkbox"/> Climbing Tower | <input type="checkbox"/> Mountain Biking | must weigh between 60-250 lbs.) | masseuse at time of service.) |
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Nutrition Classes | | |

CANCELLATION POLICY

A 25% deposit must be included with your registration to hold your place. Final Payment for camp due by March 1, 2016. Deposit is nonrefundable. 75% of total fee is refundable through March 1, 2016. No refunds given after this date.

Participant/Legal Guardian Signature _____ Date _____

PHOTO RELEASE

I authorize the YMCA to take, possess and use photographs, slides, and/or video of the applicant as may be needed for its public relations programs.

Yes No Participant/Legal Guardian Signature _____ Date _____

RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for being permitted to participate in YMCA Camp Collins programmed activities, I agree to the following: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in YMCA Camp Collins program areas or activities. I hereby expressly release, discharge and hold harmless from any liability, losses, causes of action, expenses and / or claims for damages whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally or by willful misconduct by such parties. I certify that I am familiar with the contents of this release, that I have read and understand the same, and it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand the risks involved in participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I am, or my dependent children are, physically able to participate in all the program areas offered at YMCA Camp Collins. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that the risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This waiver and release will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make them enforceable, and shall not affect the enforceability of any other provisions. I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT, AND I SIGN IT VOLUNTARILY.

Participant/Legal Guardian Signature _____ Date _____

PAYMENT (Please mark appropriate payment option – 25% deposit is required to hold your spot, final payments are due on March 1, 2016)

<input type="checkbox"/> Full Program – Participating Friday-Sunday \$135 <input type="checkbox"/> Shamrock Run Special – Participating Friday-Saturday \$100 Total \$ _____ x .25 = \$ _____ Deposit	<input type="checkbox"/> Check enclosed. Check # _____ <input type="checkbox"/> Charge the \$ _____ deposit to my credit card now and charge the balance of \$ _____ to the same card on March 1st, 2016. <input type="checkbox"/> Charge the full fee of \$ _____ to my credit card now. <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover Exp. Date _____ Name on Card _____ Signature _____ Card # _____ CVD _____
---	--