YMCA OF THE PINES PROGRAM WAIVER (Outdoor Center)

YMCA Camp Ockanickon, Inc., d/b/a YMCA of the Pines ("YMCA of the Pines") is a non-profit corporation, organized exclusively for charitable and educational purposes. YMCA of the Pines endeavors to conduct safe and enjoyable programs and activities that are designed to further the educational, motivational and charitable objectives of the YMCA.

I, the below listed Participant, or as guardian of the participating minor(s), ("Participant" or "I"), desire to participate in program offerings at YMCA of the Pines. In connection with my participation in the YMCA of the Pines program for which I have registered ("registered program"), I knowingly and voluntarily sign this Program Waiver in favor of YMCA of the Pines, its directors, officers, employees, agents, successors, and assigns (collectively "YMCA of the Pines").

I understand that my participation in the registered program at YMCA of the Pines will involve outdoor activities that may be strenuous and physically demanding, and there is a risk of serious injury. While YMCA of the Pines makes every effort to ensure that all appropriate safety precautions are taken, I understand that my participation in the registered program will inevitably involve inherent risks and hazacarrds, for which YMCA of the Pines cannot be held responsible. I expressly assume the risk of injury or harm related to my participation in the registered program at YMCA of the Pines.

I, the Participant, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from my participation in the registered program at YMCA of the Pines. This expressly includes, but is not limited to, claims relating to bodily injury, personal injury, illness, death, or property damage, aggravation of a pre-existing condition, among other claims.

I, the Participant, release and forever discharge YMCA of the Pines from all liability, claims and demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from any first-aid treatment or other medical services rendered in connection with, or as a result of, my participation in the registered program at YMCA of the Pines. Nothing herein shall be construed as waiving any rights, benefits, or entitlements any employees or agents of YMCA of the Pines may have pursuant to the New Jersey Good Samaritan Act, *N.J.S.A.* 2A:62A-1.

I represent that I know of no legal, physical or health reason why I (or the participating minor(s)) cannot fully participate in the registered program. By signing this waiver, I am stating that I (or the participating minor(s)) am physically and psychologically fit and prepared for the registered program, and if at any time I have any doubts as to whether this is true, I agree to stop participating in the registered program immediately and inform YMCA of the Pines. YMCA of the Pines is committed to providing access and reasonable accommodations for individuals with disabilities. If you think you may need an accommodation to participate in the registered program, please contact Greg Keresztury, Chief Operating Officer, at 609-654-8225.

I waive and expressly grant YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including but not limited to editorial, illustration, promotion, advertising, Internet, or trade all photographic images and video or audio recordings taken by YMCA of the Pines and its agents of me (or the participating minor(s)) while participating in the registered program. I agree to receive marketing information via email about YMCA of the Pines programs, including the specific program for which I and/or my child/children am registered.

I understand that nothing in this Program Waiver shall be construed as waiving any of YMCA of the Pines' rights, benefits, or entitlements pursuant to the New Jersey Charitable Immunity Act, *N.J.S.A.* 2A:53A-7.

I understand that this Program Waiver is intended to be as broad and inclusive as permissible by the laws of the State of New Jersey. I also understand that this Program Waiver shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

By signing this Program Waiver, I certify that I am 18 years of age or older, or that I am the legal guardian and/or parent of the minor(s) intending to participate in the registered program, with authority to complete this Program Waiver on said minor's behalf. If I am signing for a minor, all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments and certifications apply equally to such minor(s).

By signing this Program Waiver on behalf of a participating minor(s), I expressly give permission for the participating minor(s) to be transported for approved program activities.

Name of Participant(s):

_____
(Please Print)

_____
(Please Print)

_____
(Please Print)

_____
(Please Print)

_____ _____
Signature (Parent/Guardian if under 18) Date

_____ _____
Name of Parent/Guardian (if under 18) Email Address

_____ _____
Street Address Phone Number

_____ _____ _____
City State Zip