



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO TRIANGLE HILLS

Nestled among the oak & maple trees of Southern Lake County, Camp Triangle Hills is a new 144-acre opportunity for campers to grow in mind, body and spirit. From our new High Adventure Ropes Courses to exclusively quiet areas for reflection, campers will have new and unique opportunities to Achieve, Belong and Connect. The challenge of finding time to discover nature and develop that relationship with the great outdoors is as real as ever. Triangle Hills has all the tools, space, toys, and experiences to awaken the avid explorer in children of all ages.

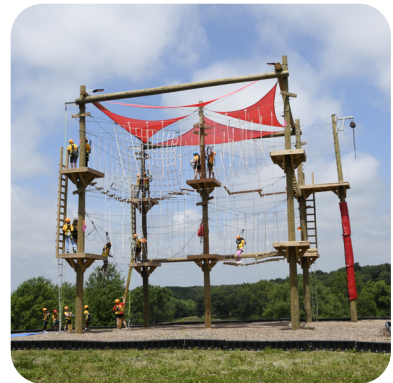
What to expect:

Each field trip package is tailored to meet the needs of the group. Your trip organizer will let you know which activities your group is signed up for. Some of the activities we offer are a high ropes course, a rock-climbing structure, an archery range, low ropes courses, & more.

Here at camp, we make sure that every camper can choose their challenge! Campers will not be forced to participate in any activity they are uncomfortable with.

The day of your trip:

- Wear closed toed shoes – no crocs or sandals of any kind
- Wear fingertip-length shorts or pants and shirts that fully cover the torso for your comfort while climbing
- Tie back long hair
- Bring a sack lunch and a water bottle



The adventure isn't over:

Be on the lookout for camps & special events being hosted here at Triangle Hills!

Follow our Facebook page (@Camp Triangle Hills of Crossroads YMCA Association) to stay in the loop.





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PARTICIPANT HEALTH HISTORY FORM

Information Record (Please complete and return before first day attending.)

Participant Name _____ Date of Birth _____

Insurance Company _____

Emergency Contacts (In case of emergency, please provide a contact.)

Emergency Contact	Relationship to Participant	Phone

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old or preexisting injury, a heart condition or other condition which might be aggravated by the event.

Does the participant have any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating? Yes No

Does the participant take any current medications? _____ Yes No

Does the participant have any heart problems or heart medications? _____ Yes No

Does the participant have high blood pressure? Yes No

Does the participant have allergies (food, bees, insects, medications, etc.)? Yes No

Does the participant have any physical limitations? _____ Yes No

What is the participant's current level of activity back home: Low Medium High

If you answered YES to any question above, please discuss that item with the program leader.

Please include any additional information that you feel is relevant:

Signature _____ Date _____



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GUEST CONSENT FORM

(Please Print)

First Name _____ M.I. _____ Last Name _____

Gender _____ Birth Date ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____

Email _____



Names of all individuals using the YMCA

Name	Relationship	Sex	Birth Date	Age

Note: The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation.

Photo/Website/Facebook Release:

For my participation in activities to be conducted by the Crossroads YMCA, I hereby give my permission and consent, now and for all time, to Crossroads YMCA, to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my children. I understand that my experience within said activities may be used for advertising in Crossroads YMCA, brochure, Facebook account or Website without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, any minor if identified will only be by first name or initial only.

- Any video film, recordings, and photo reproductions of me and/or my family experience during said activities, I authorize, according to this Release, shall belong to Crossroads YMCA therefore, we will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my family.
- Crossroads YMCA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, recordings and photo reproductions of me and/or families account of our experience.
- I agree that I am 18 years of age or older and my consent and this release are irrevocable. I hereby release and discharge Crossroads YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my families' narrative account of our experience as described herein.

Signature _____

Date _____

Nationwide Membership

Home Branch Name _____

Phone _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in and off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated programs. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Family YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any programs affiliated with the Family YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges.

By participating in the YMCA Nationwide Membership Program I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States & Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature _____ Date _____

18 years or older, for minor; guest waiver must be signed by parent(s)/guardian