

Group Activities Reservation Form

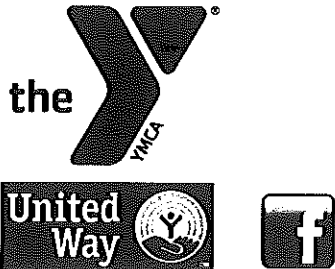
1. Reservations are accepted for groups a minimum of seven days in advance. The payment must be made at the time of reservation.
2. All members of your group should arrive 30 minutes prior to your reservation time to allow for fitting and distribution of equipment.
3. We offer activities rain or shine but we will close the activities if there is lightning in the vicinity. We will also close the activities for high wind. Western Pennsylvania weather is changeable and advance notice may not be possible, but we will try to notify you as soon as we can. If your activity is cancelled due to weather, you may reschedule for another time, or we will refund your money.
4. We have a seven day cancellation policy. If you cancel your reservation less than seven days prior to your date, you may reschedule for another time, but your payment will not be refunded.
5. Members of your group must complete an Activities Waiver Form. Participants under the age of 18 must have a Parent's Signature.
6. Reservations may be made by calling Jen Kissell at the Oil City YMCA at 814-677-3000 or by email at jenkissell@yahoo.com.

Group Name _____ Today's Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Group Leader _____
 No. of Adult Participants _____ No. of Youth Participants _____
 Date Requested _____
 Reservation to Include: Zip Line Climbing Tower Adventure Course
 Trail Rides (limited to 6 participants)

PAYMENT METHOD			
<input type="checkbox"/> Check (Please make payable to "Oil City Area YMCA")			
<input type="checkbox"/> Credit Card			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card# _____			
Expiration Date _____	3 Digit Security Code (on back of card) _____		
Name on Card _____			
Billing Address _____			
City _____	State _____	Zip _____	

I agree to the Enclosed Participant Requirements
 (Waiver forms available at www.campcoffman.com/resources)

Rental Amount _____
 Deposit Amount _____
 Amount Due _____

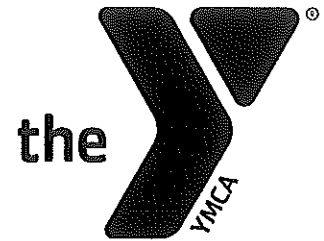


YMCA Camp Coffman Physical Address
 4072 Camp Coffman Road, Cranberry, PA 16319
Mailing Address
 c/o Oil City YMCA, 7 Petroleum Street, Oil City, PA 16301
Phone: 814-677-3000 **Web:** www.oilcityymca.org

CAMP COFFMAN

Activities

Participant Requirements



- Every Participant must sign a YMCA Camp Coffman Activities and Release Form. Participants under the age of 18 must have a signed waiver by a parent. If the parent is not present, a photocopy of the parent's drivers license must accompany the signed waiver.
- Helmets are provided and must be worn for participation in the zip line and climbing wall. Helmets are optional for riders age 18 and older for trail rides if participants complete the Helmet Refusal Form.
- The activities are designed for use by participants of average mobility and strength and who are in good health.
- Participants must weigh under 250 pounds. This is a guideline. Please call if you have questions.
- Equipment must fit the participant.
- The minimum age is 10 years old. Children between the ages of 10-15 must be accompanied by an adult and must be able to participate independently of the adult.
- Pregnant women, people with heart, leg or back problems or other serious illnesses will not be allowed to participate.
- No one under the influence of alcohol, illegal drugs or impairing legal drugs will be allowed to participate in the activity.
- Closed toe athletic shoes are required.
- Wear Comfortable clothing but please avoid loose clothing (no scarves or baggy clothes.) Long hair will need to be tied back. Women should not wear skirts. Short shorts are not recommended. Please dress for the weather.
- Valuables should be left at home or given to a member of your group for safekeeping. YMCA is not responsible for your lost, stolen or damaged property.
- YMCA Camp Coffman reserves the right to exclude anyone from participation for health, safety, behavioral or other reasons.

SCENIC RIVERS ASSOCIATION

- OIL CITY YMCA
- CLARION COUNTY YMCA
- YMCA CAMP COFFMAN

www.campcoffman.com 814-677-3000



CAMP COFFMAN

Activities Waiver and Release Form

In consideration of participating in activities at YMCA Camp Coffman, I acknowledge and agree that:

1. The risk from injury from the activities involved are significant, including the potential for permanent paralysis or death. This risk includes but is not limited to by being in the presence of, mounted on, and/or leading horses and participating in activities that involve significant height above the ground.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below and assume full responsibility for my participation; and
3. I will comply with all rules, regulations and instructions. If I have any question or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest official; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Oil City YMCA its directors, officers, employees, volunteers and agents (Releasees) from all liability with respect to any and all injury, disability, death, or loss or damage to the person or property, whether caused by the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its' terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

First Name: _____ Last Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Signature Required: _____ Date: _____
(Parent Signature if under 18 years of age, see below)

For Participants under age 18

This is to certify that I, as parent/guardian of this participant, do consent and agree to his/her indemnification, release and hold harmless as provided above of all Releasees, and I, for myself and behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Releasees from any and all claims incident to my child's involvement in these programs even if arising out of the negligence of the releasees to the fullest extent permitted by law,

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Please see other side for Helmet Refusal Form.

SCENIC RIVERS ASSOCIATION

- OIL CITY YMCA
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- YMCA CAMP COFFMAN

CAMP COFFMAN

Helmet Refusal Form

Helmets are required for participation in the Zip Line and Climbing Wall.
Helmets are optional for adults age 18 and older for participation in trail rides by completing and signing this form.

I, the undersigned, recognize the dangers inherent with horseback riding. I am assuming the hazard of this risk upon myself since I wish to ride horses. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the dangers that I am exposing myself to. I have been offered a protective riding helmet, which could have prevented permanent brain damage in the event of an accident. Against the advice of the stable operator, guide and insurance company, I am refusing this critical safety precaution.

Participant must write the following on the line below:

"I have read and understand the above."

Participant Signature _____

Date of Birth _____

Date of Signature _____

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