



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## GATEWAY REGION YMCA ADDENDUM TO CAMP LAKEWOOD FAMILY HANDBOOK

Please review and acknowledge the revised agreements to the current YMCA Camp Lakewood Family Handbook. If you have any questions please do not hesitate to ask your Camp Lakewood Director.

### Indemnity Agreement

I hereby waive any claim of liability and will hold harmless the Gateway Region YMCA, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am participating in any camp, child care program, contest or exhibition sponsored by the YMCA. I also waive any claim of liability and hold harmless the Gateway Region YMCA described above for injury or contraction of any illness or medical condition including but not limited to COVID-19 that might result from participation in camp or childcare programs run by the Gateway Region YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable. It is understand and agree that Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence. I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms. I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. For emergency medical treatment, I understand that my child will be transported to the nearest hospital via ambulance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RULES & POLICIES

I understand my child may be subject to daily health checks and may not be accepted into a YMCA program, may be denied participation in program, or may be removed from program if he/she: (a) is ill or exhibiting symptoms of illness, including without limitation any symptoms of COVID-19 per the most up to date guidelines provided by the Center for Disease Control (CDC) (which currently include fever, cough, loss of taste/smell, and shortness of breath), or has not been fever free without medication for 72 hours; (b) has traveled outside the United States or to a high risk area in the past 14 days; (c) has had contact with any person being tested or with confirmed COVID-19 in the past 14 days; or (d) has had contact with anyone who has been instructed to self-quarantine in the past 14 days. Wellness criteria are subject to change based on guidelines provided by the CDC or local health authorities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gateway Region YMCA  
2815 Scott Avenue, Suite D  
St. Louis, MO 63103  
314-436-1177

Child's Name or Children's Names (first and last):  
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