

DISC Day Camp Parent Packet

Welcome to the start of a fantastic summer with the Decatur Park District's Summer Day Camp. Our staff is ready for a fun and exciting summer. Please read this packet carefully. Our goal is to provide a fun and safe camp experience while creating many wonderful memories for your child.

The DISC and the DISC Day Camp are not Licensed or regulated by DCFS. The DISC Day camp engages and complies with the background check and clearance procedure through the Illinois Department of Human Services CCAP currently available for license exempt CCAP providers.

Enclosed you will find detailed information about our Summer Day Camp. Our camp is for youth who have completed one year of kindergarten – 8th grade in the fall, although they still must be 5 to start camp and can still attend when they are 14. Listed below are all of the necessary forms needed to ensure your child's safety. These must be completed and returned **BEFORE** the first day of camp. **You will not be permitted to drop off your child until completed!**

- Camper Information Form
- Parent Sign Offs: Payment Policy, Discipline Policy, Photo Waiver, Sunscreen Form
- Health History Form
- Child Release Form
- Transportation Form (if registered for other Park District programs)
- Rock Wall, Bubble Ball & Nerf Gun Waivers
- Medications Policy (if needed)
- Cell Phone Policy

Staff

1st contact: Randy Ellis, Assistant Manager DISC, 217-429-3472, email: rellis@decparcs.com

2nd contact: Jaci Cecil or Emma Raleigh, Day camp Directors, 217-429-3472, email: decaturingdoorsportscenter@decparcs.com

The Day Camp Staff are mature teachers, college and high school students. We maintain a camper to staff ratio of 8:1. All of the staff have been given a background check, completed training in CPR and first aid, mandated report and sexual harassment training, and all drivers have completed a Defensive Driving course.

DAY CAMP CELL PHONE NUMBER AND EMAIL WILL BE RELEASED ON THE FIRST DAY OF CAMP.

We are a DCFS exempt facility due to our only providing care when schools are not in session.

Summer 2023 Schedule

Day camp hours are 6:30 a.m. to 6:00 p.m.* Camp activities occur between 8:30 a.m. and 3:30 p.m., so we ask that your child is dropped off by 8:30 a.m. and not picked up until after 3:30 p.m. unless previously arranged.

**Please note that your child does not have to be at camp this entire time, it is just the earliest drop off and latest pick-up time.*

**Please do not park in the circle drive at the DISC when picking up your child as this is an emergency lane.*

Late Pick-up Policy

The Day Camp Staff will supervise children who are left beyond the scheduled time until a parent or authorized adult on the pick-up list arrives. However, late pick-ups will result in a fee. Payment of the late fee is to be paid at the Decatur Indoor Sports Center before your child can attend the next day of camp. If you have any questions, please call Randy Ellis, Jaci Cecil, Emma Raleigh at the DISC or the camp cell phone.

1-10 minutes late = \$5.00 Every minute after that = \$1.00

Unauthorized Departure

In the event that a camper leaves or runs away from the Day Camp program without authorization, the following steps will be taken.

1. Day Camp Staff will encourage the child to return voluntarily.
2. The Park Police will be called to locate the child because Day Camp Staff is not permitted to leave the grounds when supervising children.
3. The parent/guardian will be contacted. If they are not available the emergency contact will be called.
4. Camper may be subject to disciplinary action for reoccurring unauthorized departures.

Food

Please have your child eat breakfast prior to arriving at camp. Campers are required to bring a labeled water bottle and cold sack lunch daily (we do not have access to a microwave, so please do not pack food that needs to be heated up). Water coolers will be provided at the park to refill water bottles. The Day Camp Staff will provide an afternoon snack and drink. Please note our Monday-Thursday afternoon snack must be eaten at the DISC per Aramark policy, campers cannot take it with them if they are picked up early. There are concessions at the pool and some field trip locations, as well as vending machines at the DISC, so you may send your child with money if you wish. Put money in a labeled bag with the child's name and the amount. *However, the Day Camp Staff is not responsible for any money or personal possessions while at camp!*

Attire

Due to the active nature of day camp, all participants are required to **wear tennis shoes** daily. Flip Flops may be packed for swim and water days. Slip-on tennis shoes, back-less tennis shoes or those with zippers rather than shoelaces do not provide adequate ankle support and participants are not encouraged to wear them to camp. Dress should be appropriate for "playtime" and outdoor activities. Please do not send your child in brand new clothes. Skirts and dresses are also discouraged. Be aware of daily weather conditions and send your child dressed appropriately. Please pack swim wear every day in case we play water games.

Sunscreen

We will try to balance indoor and outdoor activities at camp.

If your child is ill or has a fever, your child cannot attend Day Camp. If your child becomes ill while at camp you will be notified and asked to pick your child up. If a parent/guardian is unavailable, your emergency contact will be called. Staff will determine if a child can remain at camp using the following guidelines:

- **Temperature of 100.4° degrees:** A child who is ill or has a persistent illness may not be at camp with a fever even if controlled by medicine.
- **Vomiting:** A child who vomits will be sent home immediately.
- **Strep Throat:** If a physician diagnoses strep throat, a child needs to be on an antibiotic for 24 hours before admittance to camp is allowed.
- **Diarrhea:** A child who experiences diarrhea more than twice in a day will be sent home.
- **Chicken Pox:** A child must remain home until all blisters have dried and formed scabs. This usually is 7-10 days after the pox begins.
- **Ring Worm:** A child may return to camp after 24-hours of beginning treatment.
- **Pink Eye:** A child with symptoms of pink eye or conjunctivitis will be sent home. If a physician diagnoses pink eye, the child will need to have 3 doses of drops before returning to camp.
- **Head Lice:** A child must remain at home until the first treatment is completed with no further active lice or nits seen.
- **COVID-19 Symptoms:** A child who exhibits symptoms of COVID-19 should wait to enter the premises until they have had no fever for at least 72 hours. If your child test positive or has been exposed to COVID-19 and is not fully vaccinated they must wait 5 days from the positive result or 5 days since the exposure.

Please make sure to have a plan in place for when your child gets sick while at camp. This is for the well-being and comfort of your child as well as the other children.

Your child must be fever free for 24 hours before returning to camp. A doctor's note will be required for re-admittance after the following illnesses: Strep Throat, Ring Worm, Pink Eye, and COVID-19.

In the case of a contagious disease, please notify the Day Camp staff immediately. All parents/guardians will be notified as soon as possible. Your cooperation is appreciated.

Firearms are prohibited at the DISC as posted at the entrance of our facility.

Potty Training

We do ask all campers be potty trained in order to come to camp. If your camper has continual issues with accidents, we may ask for you to discontinue coming to camp until the issue is resolved.

Medical Emergencies

If your child is injured during camp requiring more than basic first aid, 911 will be called first if necessary, then a parent/guardian will be called. If they are not available the emergency contact will be called.

Program Plan Changes

In the event that a change must be made to the weekly schedule, Day Camp staff will notify parents as soon as possible. If time allows, a note will be sent home with parents, or you can find

- Third warning: the camper will be asked to sit out for a break. (Age=Minutes)
- Fourth warning: the camper will be asked to complete a written reflection on their choices.
- Fifth warning: the camper will receive a phone call home.
- Sixth warning: the camper will sit out from a fun activity
- Seventh warning: they will receive a write up.

Each day there will be documentation on which warning campers were on for the day. We will also be monitoring behaviors all week and each day starts a new day and previous check marks will not be rolled over. We will also be reinforcing positive behaviors every week by selecting campers of the week from each group for campers who have not received any check marks for the week.

Discipline Violations

- 1. Disruptive Behavior/Horseplay** – abrupt actions negatively affecting other campers' experience
- 2. Physical Confrontation or Violence with Staff or Camper** - causing or attempting to cause physical injury to any staff or campers will result in an automatic write-up.
- 3. Theft** - taking or using public or private property without permission or authorization
- 4. Use or Possession of Alcohol, Tobacco, Illegal Drugs, or Weapons** - use or possession of alcohol, tobacco, illegal drugs, or an object intended to be used in a menacing manner for the purpose of intimidating or injuring others during any Day Camp activity/field trip
- 5. Vandalism** - showing disrespect for the property of others, games, equipment, the parks, playgrounds, etc.
- 6. Verbal Abuse/Profanity/Obscenity to Anyone** - profane or obscene language/gestures, possession of magazines/literature or wearing articles of clothing that suggest an overt sexual nature
- 7. Willful Defiance of Authority** - failure of a camper to STOP doing/saying something that a staff member has directed them to stop doing
- 8. Bus/Van Misconduct** - includes but is not limited to any of the behaviors as listed above, repeated willful disobedience of the bus driver's or other supervisor's directions, or any behavior that threatens the safe operation of the bus/van and its occupants

Any of the above violations may result in a written warning, suspension, or expulsion depending on the severity of the infraction.

If your child is sent home for misbehaving, you will not be refunded for the days that your child is out of camp.

Cell Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contacts - *Please list contacts in order you would like us to call, including yourself if applicable.*

Emergency Contact #1: _____ Preferred #: _____

Emergency Contact #2: _____ Preferred #: _____

Emergency Contact #3: _____ Preferred #: _____

Preferred Hospital (circle one): DMH St. Mary's

Parent Sign Offs

Child's First & Last Name (printed):

As the parent or guardian of this camper, my initials below indicate that I acknowledge the following statements:

Policies & Payment

_____ I have read the Day Camp Parent Packet and Discipline Policy. I understand that this policy is designed to ensure the safety and well-being of each camper. I further understand that any violation of this policy will result in consequences outlined in the Parent Pack and Discipline Policy, including possible suspension or expulsion from the Day Camp program.

_____ I have explained the Day Camp Discipline Policy to my camper and educated the expectations of them while they are at camp.

_____ I have read and understand the payment and refund policy.

- 2. Wear glasses, contacts, or protective eyewear? _____
- 3. Ever pass out from exercise? _____
- 4. Have an orthodontic appliance at camp? _____
- 5. Have diabetes? _____
- 6. Have asthma? _____ *Complete medication policy for inhalers _____

My child is up to date on his/her immunizations and tetanus shots? YES _____ NO _____

Use this space to provide any additional information about the participant's behavior physical, emotional, or mental health which the camp should be aware.

If your child has any restrictions or limitations to activity please explain below.

If your child needs to take medication at camp or requires an inhaler or Epi pen, please complete the Medication Dispensing form.

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described above has permission to engage in all camp activities, except as noted.

Parent/Guardian Signature: _____ Date: _____

Child Release Form

Child's First & Last Name (printed):

Only people listed below, after showing their photo ID, will be allowed to pick up your child. Please list all pick up persons, including guardian #1 and guardian #2.

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Decatur Park District Medication Policy

Medications, either non-prescriptive or prescriptive, may be administered at the park district, but there are limitations that we place on procedures and practices.

Parents must properly fill out and sign the Medication Dispensing Information form and the Permission to Dispense Medication Waiver and Release of All Claims form.

Participants may NOT carry any medication with them, nor may it be kept in their backpacks or lunch boxes.

Medications (non-prescriptive or prescriptive) must be sent to the DISC for safekeeping.

We Require:

1. The medicine must come in a clearly labeled Ziploc baggie, with each baggie containing an individual dose. The label must contain the participant's name, the name of the medication, the dose in the baggie, the time the medication should be taken, and any other instructions for the taking the medication.
2. The parent or guardian must complete the Medication Dispensing Information listing the time of day the participant should take each dose. If the time of the day is "as needed", we usually will contact the parent by phone before administering an "as needed" medication.
3. A note from a physician must accompany each medication.

If any of this information is missing, we will need to call parents prior to letting the participant take the medicine.

The Park District does not have a nurse to either administer or remind participants to take medicine. It is the responsibility of the parents to:

- a. Train their children to proper procedures for taking the medicine
- b. Instruct their children concerning the time of the day that they should take their medicine.

It is important that parents work with their physician and with the Park District to see that their children are properly medicated when needed. When the Park District has concerns about medication, a doctor's note will be required in addition to the usual notes from parents.

Medications will not be kept by the Park District between program break. At the end of each program, all medicines that have not been picked up by parents are destroyed.

If you have any questions or concerns, please contact the Park District as 422-5911.

Please keep this page for your records.

Medication Dispensing Information – DISC Day Camp

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

I understand that it is my responsibility to follow the guidelines laid out in the Medications Policy. In all cases, medication dispensing can only be changed or modified by completely another Medication Dispensing Information form. I hereby acknowledge that the above information provided for the dispensing of medication of my child is accurate. I also understand that it is my responsibility to inform the agency of any changes in the dispensing medication form.

Signature of Parent or Guardian

Date

**WAIVER & RELEASE OF ALL CLAIMS
FOR USE OF INHALER OR AUTO-INJECTOR**

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Decatur Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Decatur Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Decatur Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Decatur Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Decatur Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Decatur Park District.

I have read and fully understand the above waiver and release of all claims and indemnification.

Camper Name: _____

Signature of Parent or Guardian: _____

Date: _____

PARTICIPATION WILL BE DENIED

If the signature of parent/guardian and date are not on this waiver.

Parents Signature: _____

Date: _____

Please return pages 8-11, Medical Dispensing form if needed, Rock Wall, Bubble Ball & Nerf Gun waivers to DISC.

BUBBLE SPORTS PROGRAM WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

IMPORTANT INFORMATION

The Decatur Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Decatur Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in bubble sports. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Bubble Sports are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful & proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Because Bubble Sports are a contact sport played with little or no safety equipment and because it puts great demands on stamina, the very nature of the game of Bubble Sports is hazardous and risky. Such risks and dangers include, but are not limited to: colliding with other players, spectators, or stationary objects; being struck by players while sitting on the bench or standing on the sidelines, acts of God, inclement weather, poor officiating, inadequate or defective equipment, failure in supervision or instruction, unsportsmanlike conduct, dangerous or defective playing conditions such as rocks or holes on or off the playing field, horseplay, carelessness, and all other circumstances inherent to bubble sports. In the case that bubble sports are used outdoors, there is a risk of wild or domestic animals and insects being present. In this regard, it is impossible for the Decatur Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Decatur Park District, including its officials, agents, volunteers and employees.

I further represent that I (or my minor child/ward) understand the nature of bubble ball and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in bubble sports activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name: _____

Participant's Signature: _____ (18 years or older or Parent/Guardian)

Date: _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver

This Waiver is in effect for three years from the date above

WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK NERF GUN SPORTS

IMPORTANT INFORMATION

The Decatur Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Decatur Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in bubble sports. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF HIGH RISK ACTIVITY

Nerf Gun Sports are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, equipment and safety equipment provided, there is still a high risk of serious injury. All hazards and dangers cannot be foreseen. The very nature of the game Nerf Gun Sports is hazardous and risky. Such risks and dangers include, but are not limited to; (a) risks and dangers exist in his/her use of NERF equipment and his/her participation in NERF activities; (b) his/her participation in such activities and/or use of such equipment may result in injury or illness including but not limited strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, or other ailments that could cause serious disability or death; (c) body areas which may be affected or involved in sports injuries: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdominal, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain; (d) these risks and dangers maybe caused by the negligence of others, accidents, breaches of contract, the forces of nature or other causes; (e) these risks and dangers may arise from foreseeable or unforeseeable causes; and (f) my child's participation in these activities and/or use of equipment and facilities. In this regard, it is impossible for the Decatur Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Decatur Park District, including its officials, agents, volunteers and employees.

I further represent that I (or my minor child/ward) understand the nature of bubble ball and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in bubble sports activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name: _____

Participant's Signature: _____ (18 years or older or Parent/Guardian)

Date: _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver

This Waiver is in effect for three years from the date above

DISC ROCK WALL WAIVER

Climber #1 First Name	Climber #1 Last Name	/ /	Age	Male ___ Female ___
Climber #2 First Name	Climber #2 Last Name	/ /	Age	Male ___ Female ___
Climber #3 First Name	Climber #3 Last Name	/ /	Age	Male ___ Female ___

For each visit, all climbers will check in at the front desk upon arrival. If you have any changes to this form please let us know.

All climbers and belayers must sign the release form before they will be allowed to participate. Belayers will be safety checked by one of our instructors for knowledge of: proper belaying (belaying is holding the safety rope for the climber), knot tying, climbing commands, and equipment safety. Our belaying/climbing class can teach you those skills.

All lead climbing is prohibited, unless you have attended and passed our lead climbing class.

Only climbing equipment approved by the DISC is to be used in the climbing facility (this includes knots). All climbers must tie into and belay directly off their harness. Loose chalk is not allowed in the gym. Chalk balls only!

No instruction is allowed except by a DISC staff member during a class.

Climber and belayer must always double check **each other's** systems before **each and every** climb.

Instructors will be walking the gym area and supervising procedures. If climber or belayer is seen being unsafe, they will both be required to pay \$10 for a safety course. If they are found to be unsafe after instruction they will be asked to leave the facility indefinitely.

No bare feet allowed anywhere! This complies with Illinois State Health Codes.

No one under any circumstances is to have their hand above the first bolt hanger while climbing **unless belayed**. No climber should pass directly beneath another climber.

No horseplay! No running, yelling, jumping or swinging on ropes. No throwing of anything at climbers or anywhere else.

No alcohol, drugs or tobacco allowed. Anyone suspected of being under the influence will not be permitted in the gym. No foul language within the DISC. No chewing gum, food or beverages are allowed in the gym area.

Management has the right to suspend or terminate any participant's membership or activity into the DISC for any violation of the policies and/or rules. In such case, there will be no refund of fees.

By signing, I confirm that I have read and fully understand and agree to the Rules of the Gym. Please sign the back.

RELEASE

In consideration of my being permitted by the Decatur Park District/DISC, to climb at its facility, I agree to the following waiver and release, and I make the following representations.

I acknowledge the inherent extreme risks in rock climbing activities, including those that take place indoors. I realize that those risks include falls, equipment failure, bad decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to pay attention to the state of the ropes in the gym and that of the anchors, and to advise staff if I do any damage or notice any damage, I agree to abide by all DISC rules, and if DISC staff makes a specific request of or instruction to me, I agree to comply.

(OVER)

I am physically fit and know of no medical or health reason why I should not participate in the activities that take place at the DISC and the climbing wall.

I agree to assume all risk of personal injury, including paralysis and death, which may occur while I am in the DISC or while I am climbing anywhere, at any time. I hereby release the Decatur Park District/DISC, its owners, officers, employees, wall builders, wall designers, hold manufacturers, lessors, volunteers, insurers, and agents, from all liability for any such personal injury that may incur. This Release even extends to injuries that may occur through the NEGLIGENCE of DISC employees or other parties released.

I understand that indoor climbing is not the same as outdoor climbing, and that additional skills are necessary for outdoor climbing that cannot be acquired in the gym. I agree to seek qualified instruction before attempting to climb outdoors.

This release applies to and binds my personal representative, heirs, and my family. If a member of my family under the age of 18 accompanies me to the gym, I make this release and these representations on his or her behalf, as well as my own, and I agree to assume responsibility for his or her safety.

Parents and Guardians take note!

If I am a parent or guardian of a minor climbing at the DISC, whether or not I am a participant or am present when the minor is climbing, I agree to indemnify and hold harmless the Decatur Park District/DISC, and other parties released, in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs, and charges incurred by the Decatur Park District/DISC or any other party released, including attorney fees.

I understand that this release is a binding legal contract. I sign it of my own free will. I also understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

For a minor, 17 years and younger

Parent Signature: _____ Date: _____

For an adult, 18 years or older

Adult Signature: _____ Date: _____

Please complete the following section.

_____	_____	(____)____-____	
Adult First Name	Adult Last Name	Phone Number	
_____	_____	_____	
Permanent Address	City	State	Zip Code
_____ How did you hear about us? _____			
Email Address _____			
Do climbers have any medical problems we should know about? Yes___ No___ Explain _____			