

MICHAEL W. MORRISSEY, NORFOLK DISTRICT ATTORNEY

# TEAM RIVAL

## ADVENTURES IN RESPECT

- > Each school should select (10) students to serve as the team for this challenge.
- > All programs run from 10:00 a.m. to 2:00 p.m.
- > Students should wear sneakers and comfortable/athletic clothes in school colors.
- > Students must bring a signed PERMISSION SLIP to participate in this event.
- > Students should bring their own lunch
- > Permission slips are due by April 1, 2017
- > Contact Jennifer Rowe with any questions at [Jennifer.C.Rowe@state.ma.us](mailto:Jennifer.C.Rowe@state.ma.us)

April 24, 2017

Walpole, Norwood, Dedham

April 25, 2017

King Philip, Franklin

April 26, 2017

Braintree, Milton, Weymouth

April 27, 2017

Quincy, North Quincy

April 28, 2017

Stoughton, Canton, Sharon, Foxborough

May 1, 2017

Medfield, Dover, Westwood

May 2, 2017

Avon, Holbrook, Randolph

May 3, 2017

Medway, Millis, Bellingham

May 4, 2017

Foxborough Regional Charter School,  
Blue Hills, Norfolk Aggie, Tri-County

May 5, 2017

Wellesley, Needham, Cohasset, Brookline

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# Hockomock Area YMCA Ropes Challenge Program 2015 Assumption of Risk

**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

Challenge Course activities are designed to be fun and exciting, allowing participants to engage in a variety of games, team building elements and high ropes challenges. A trained staff of facilitators leads each group through a progression of events in a safe, controlled environment with hopes of building self confidence, creating a sense of trust and cooperation within a group, working on communication skills, developing leadership skills, and helping participants to discover and practice problem solving skills.

While it is the aim and responsibility of the program staff to provide everyone with a safe and enjoyable experience, it is based on a shared responsibility and a commitment of safe practice from the participants. Following the safety procedures and guidelines, and exercising good personal judgment will minimize the risks involved. It is important for participants to accept personal responsibility for their own safety and the safety of other members of the group by following instructions and working with the group as a whole to create this safe and enjoyable environment.

**Safety is the number one priority of the program.**

I recognize that the Hockomock Area YMCA will operate in good faith. However, situations may arise when the staff may find it necessary to terminate an activity. The Challenge Course Staff may also refuse or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of any activity. I acknowledge that no guarantees have been made with respect to achieving objectives.

I fully understand that the Hockomock Area YMCA Challenge Course, as explained in the handbook, will subject me (My child) as a participant to certain stresses and hazards, not all of which can be foreseen. I understand that reasonable precautions will be taken to protect myself (my child) as a participant. I do, therefore, assume all of the ordinary risks normally incidental to the nature of this course, including risks that are not specifically foreseeable. I hereby release the Hockomock Area YMCA, its staff and agents, from all liability for any and all injuries, loss or damage suffered by myself (my child), in any way connected with this course. I also certify that I understand the nature of the physical demands of this activity and that I (my child) have no physical or medical condition which may affect (his / her) participation. Unless noted, I hereby authorize and give full consent to publish any photos taken by the instructor or leaders for use in brochures, slide shows and promotional displays by the YMCA.



Participants Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent or Guardian's Name (If under 18) Print: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Day Time Phone #: \_\_\_\_\_

Group \_\_\_\_\_ Name \_\_\_\_\_

Participating in \_\_\_\_\_ Outing: \_\_\_\_\_

Date of Event: \_\_\_\_\_

In the event of an emergency, where parents/guardians can not be reached, Staff may contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_