



# SOUTH MOUNTAIN YMCA CAMPS PEAK PASS PROGRAM APPLICATION

Tel: 610-670-2267

Email: [ycamps@smymca.org](mailto:ycamps@smymca.org)

The Peak Pass program runs from Jan. 1, 2025 thru Dec. 31, 2025. This program now operates during the summer months. Other restrictions apply. See the Peak Pass Handbook.

Please complete and return the application with the fee to the Camp Office. It is understood that this fee will be returned if your application is not approved. **One application per person.**

**CHECK ALL THAT APPLY:**

☐ New Application

☐ Renewal

☐ Household Pass

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: home/cell/work \_\_\_\_\_ Secondary Phone: home/cell/work \_\_\_\_\_

Reading-Berks YMCA Member: \_\_\_\_\_ Branch: \_\_\_\_\_ Member Number: \_\_\_\_\_

**Release and Indemnification Agreement**

I, the undersigned, desire to join the South Mountain YMCA Camps ("SMYMCA") Peak Pass program ("Peak Pass") in order to access specific SMYMCA properties and trails. In connection therewith and in consideration therefore, I agree to comply with all Peak Pass rules and regulations. I further understand that the activities allowed as part of the Peak Pass program involve certain risks which may include but are not limited to: hiking, biking, running, cross-country skiing, and snowshoeing, as well as the inability to predict the hazards of surface/ subsurface conditions of trails, weather conditions, plants, insects and rugged terrain. I recognize these risks and agree to assume these risks by participating in the Peak Pass program. Knowing these facts, I, for myself, my heirs, executors, administrators, successors and assigns, agree to hereby defend, release, indemnify and hold harmless SMYMCA, their officers, agents, employees, successors and assigns, or anyone acting for or on their behalf, from any and all claims, demands, suits, debts, actions, liabilities, damages, losses, causes of actions, judgments, costs and expenses of any nature whatsoever in law and equity, including without limitation reasonable attorney's fees (collectively "Claims"), arising from or in any way related to my use of the Peak Pass program and the activities associated therewith. In addition, I, for myself, and for my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge SMYMCA, its officers, agents, employees, successors and assigns, or anyone acting for or on their behalf, from any and all Claims for death, bodily injury or property damage arising from or in any way relating to my use of the Peak Pass program and the activities associated therewith, including without limitation damages, injury or death arising from or relating to the care, custody or control of real property in the possession of SMYMCA.

I acknowledge that I have carefully read this Release and Indemnification Agreement and that I fully understand its contents. I further acknowledge that the execution of this form is a free act and deed and indicates voluntary acceptance of all terms set forth herein.

I understand that by signing this form, I am voluntarily and knowingly accepting responsibility for my participation in the Peak Pass program.

**Rules and Regulations: Please note, changes may have been made from last year.**

I have also read the SMYMCA Peak Pass Handbook and agree to comply with all SMYMCA rules and regulations pertaining to the program, all PA DCNR laws, all facility usage policies as established by SMYMCA, and hereby agree to the above Release and Indemnification language.

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian Signature if participant is under the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Disclosure for Background Checks

The South Mountain YMCA Camps does everything we can to ensure the safety of the people we serve. As part of this process, every adult on our property is checked against the National Sex Offender Database via the LobbyGuard system. The background check declaration must be signed and completed in order for you to receive a Peak Pass. As such, the undersigned certifies that all elements of the personal data they have provided are true, accurate, and complete. The undersigned accepts and agrees that any omission, false statement, misleading statement, or answer made by them on the application or any supplement to it and in any interview will be sufficient grounds for rejection from this program.

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian Signature if participant is under the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact 1

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Primary Phone: home/cell/work \_\_\_\_\_ Secondary Phone: home/cell/work \_\_\_\_\_

### Emergency Contact 2

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Primary Phone: home/cell/work \_\_\_\_\_ Secondary Phone: home/cell/work \_\_\_\_\_

### Vehicle 1

Vehicle License Plate: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

### Vehicle 2

Vehicle License Plate: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

### Vehicle 3

Vehicle License Plate: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

### ***For Office Use Only***

Parking Permits Issued: \_\_\_\_\_