



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

PARTICIPATION FORM

PARTICIPANT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ GENDER: _____

PARENTS/LEGAL GUARDIANS: _____

HOME PHONE: _____ FAMILY EMAIL: _____

MOM CELL/WORK: _____

DAD CELL/WORK: _____

EMERGENCY CONTACT: _____ PHONE: _____

LIST ANY ALLERGIES, PHYSICAL LIMITATIONS, OR DIETARY CONCERNS/RESTRICTIONS:

HEALTH CARE AUTHORIZATION:

This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted above. In the event of an emergency, if I am unable or cannot be reached, I hereby give permission for the Tri-Cities Family YMCA, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment for the camper named above, while attending this program.

PARENT SIGNATURE: _____ DATE: _____

PERMISSION:

I give permission for my child _____ to participate in swimming at the Tri-Cities Family YMCA.

PARENT SIGNATURE: _____ DATE: _____

CONSENT TO USE NAME AND PHOTOGRAPH:

I, the undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child to be published by the media. This may include publications used by the Tri-Cities Family YMCA to promote its programs.

PARENT SIGNATURE: _____ DATE: _____

Tri-Cities Family YMCA

WINTER CAMP 2014

Release and Waiver Liability Gymnastics & Bounce House – Please read carefully

As a legal guardian of _____, I hereby consent to the aforementioned person, me or any member of my family participating in the Tri-Cities YMCA Gymnastics or Bounce House activities. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities.

I understand that it is the express intent of Tri-Cities Family YMCA programs to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release the Tri-Cities Family YMCA programs, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child, family member while under the supervision, instruction, or control of the Tri-Cities Family YMCA programs.

As legal guardian of the aforementioned person or any member of my family, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Tri-Cities Family YMCA programs.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent. I promise not to sue.

I hereby give permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

I have read, understand and agree with the policies and liabilities on this form:

Print Name: _____ Signature of Parent or Legal Guardian: _____ Date: _____

Release and Waiver Liability Rock Climbing – Please read carefully

Notice: THIS IS A LEGALLY BINDING CONTRACT. In consideration of my being permitted by the TriCities Family YMCA to use its Climbing Gym, and/or participate in any climbing program offered by the TriCities Family YMCA, [hereafter TCFYMCA] including climbing lessons, training and birthday parties, I agree to the following waiver and release and I make these following representations:

I HEREBY ACKNOWLEDGE THE INHERENT EXTREME RISKS IN ROCK CLIMBING, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with walls or equipment, bad decision-making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities, and/or the sport of climbing and I agree that said list in no way limits the extent or reach of this release. I VOLUNTARILY ASSUME ALL RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGERS AND RISKS INVOLVED.

I voluntarily agree to assume all risks of personal injury, including paralysis and death, which may occur while I am in the Climbing Gym, or participating in any event, program, birthday party or training at any time, whether or not under supervision of TCFYMCA personnel. I hereby knowingly and intentionally waive and release any and all claims or causes of action which might arise from use of the Climbing Gym or participation, and agree to indemnify, hold harmless and defend the TCFYMCA, its successors, assigns, officers, employees, wall designers or builders, manufacturers, lessors and agents from all liability for any such damage, injury, paralysis or death which may result. This Waiver/Release shall be effective even though said loss, damage or injury results or has resulted from negligence, wrongful acts, omissions, breach of warranty or strict tort liability of the TCFYMCA or the other parties released.

I am in good health and have not any known physical limitations, which affect my use of the Climbing Gym. I agree to pay attention to the state of the ropes, anchors and other equipment I may use, and to advise staff members if I do any damage or notice damage or problems. I certify that I have read the posted rules, and accept responsibility for failure to abide by these rules. If the TCFYMCA staff makes a specific request of or instruction to me, I agree to comply. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills, and I agree to seek qualified instruction before attempting to climb outdoors.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This waiver/release shall be effective and binding upon me and upon my assigns, heirs, representatives, guardians and administrators. If under the age of 18, this waiver/release is signed by a parent/guardian of the minor, and the undersigned waive any and all claims, and agree to indemnify and hold harmless the TCFYMCA and its agents in the event of any injury to the undersigned or minor climber.

I understand that this waiver/release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will.

I have read, understand and agree with the policies and liabilities on this form:

Print Name: _____ Signature of Parent or Legal Guardian: _____ Date: _____