



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Lock In Waiver

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Does participant have any physical limitation regarding participation? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Release and Waiver Liability – 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 Family YMCA Lock In. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including but not limited to gymnastics, the bounce house, swimming, climbing, various sports, and all other YMCA activities.

I understand that it is the express writing intent of the Tri-Cities Family YMCA programs to provide for the safety and protection of my child and, in consideration for allowing my child(ren) to use the facilities, I hereby forever release the Tri-Cities Family YMCA programs, its officers, employees, teachers, volunteers, and coaches, from all liability for any and all damages and injuries suffered by my child, or 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 the Tri-Cities Family YMCA programs.

This acknowledgment 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.

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 the lock in.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_  
Signature of parent or legal guardian

I give the Tri-Cities Family YMCA permission to use photographs of my minor child(ren) at the discretion of the Tri-Cities Family YMCA staff. This may include (but not limited to) promotions and advertising used by the Tri-Cities Family YMCA.

X \_\_\_\_\_  
Signature of parent or legal guardian