



# Tri-Cities Family YMCA

## Special Event Waiver 2016

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

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

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

Mom's Name \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell 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 YMCA Youth Special Event programs. 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(ren) 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 give the Tri-Cities Family YMCA permission to use photographs of my minor child(ren) at the discretion of Tri-Cities Family YMCA Staff. This may include (but not limit to) promotions and advertising used by Tri-Cities Family YMCA .

*I understand if I do not pick my child up within 15 minutes of the scheduled event end time I will be charged a fee of \$1 per minute.*

**In case of emergency, or in the event the above parent or guardian can't be reached please contact the following.**

**I give permission for the YMCA staff to release the above child to the names listed below.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

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

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian