

YMCA YOUTH RELEASE FORM

FULL YOUTH PARTICIPATION TERMS & CONDITIONS:

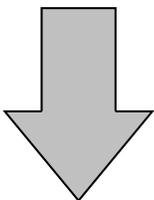
This RELEASE form is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand the Washington County Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletics, programs, the use of any equipment, facilities, exercises, or other activities.

I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activity. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

In the event of a medical emergency, I understand that appropriate measures will be made to contact parents, guardians, and emergency contacts listed, however, give permission for the YMCA to contact EMS on behalf of my child for treatment should arise. I understand that I assume the obligations that may arise from this event, should it occur.

I also give permission to the personnel of the Washington County Family YMCA and or local media to take photographs of my children to be used in marketing materials for the YMCA. I also acknowledge that in the event of inclement weather, staff illness, or other contributing factors causing a program to be cancelled by the YMCA, days will be rescheduled when possible and applicable. In the event that class(es) cannot, or are elected to not, be made up by the YMCA during that time, participants will receive credit towards the upcoming semester, to be utilized for that semester only.

Classes missed due to personal factors will not result in credit being issued, or in registration fees being refunded in part or whole. I understand that my child must be able to self-toilet and independently dress in order to be left unattended in the supervision of instructors. I will inform instructors of my whereabouts prior to leaving the Y campus, and update contact information as needed. I verify that I have the legal authority to speak on behalf of this minor, and assume responsibilities as stated above.



Parent/Guardian Signature: _____ **Date:** _____