

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS

Swimming and Climbing Wall Waiver

TO BE COMPLETED AND SIGNED BY EVERY PARTICIPANT

In consideration of my participation in activities at the Warren County YMCA, I confirm that I am physically and mentally capable of participating in the activity of swimming and/or the climbing wall equipment. I assume responsibility for damages to or loss of my personal property. I also assume risk for accidents or injury caused by the negligence of my behavior or YMCA employee whether such negligence is comparative or contributory. I agree to follow posted rules.

I assume the risk of personal injury, accidents and/or illness.

I recognize that the Warren County YMCA will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of any activity. I accept your right to take such actions for the safety of myself and/or other participants.

I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my behalf.

I agree that any film or photographs of me as a participant becomes property of the Warren County YMCA and may be used for promotional or commercial purposes.

In consideration of services provided, I, for myself and my children for whom I am parent, legal guardian release the Warren County YMCA, its principals, directors, officers, agents, employees and volunteers from all liability and waive any claim for damage arising from any cause whatsoever (except that which is a result of gross negligence).

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Participant Name _____ Parent Name _____
(print name) (print name)

Address _____

Participants Date of Birth _____

Phone _____ Email _____

Date _____

Swim Waiver Signature _____
(Parent MUST sign if participant is under 18 years of age)

Climbing Wall Waiver Signature _____
(Parent MUST sign if participant is under 18 years of age)

Member _____ Non _____ FD Initials _____ Daxko entry _____yes _____no