

LA PORTE COUNTY FAMILY YMCA
YOUTH DAY PASS REGISTRATION

YMCA of La Porte, Indiana, Incorporated
La Porte Branch, Michigan City Elston Branch and Long Beach Branch
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Date _____ Time _____ [] A.M. [] P.M.

Name _____
Address _____
City _____ State _____
ZIP _____ Phone _____
Age _____ Grade _____ Sex _____

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitute an acknowledgment that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

Child's Name _____ Date of Birth _____
(Please print)

Address _____ City _____

Home Phone _____ School _____ Grade _____

Parent's Name _____

Emergency Contact Name _____ Phone _____

By signing this form, I agree that the YMCA is not responsible for any loss or injuries incurred at any YMCA branch or program site or during participation in any YMCA program or activity. I also understand that all members, participants and guests must have personal insurance and that in the case of a claim, the participant's or parent/legal guardian's (in the case of a minor) insurance is the primary carrier and that the YMCA's insurance will be the secondary carrier. I agree that any claim must go through my own insurance before the YMCA's insurance will cover any losses or claims.

I give the YMCA permission to use my likeness or name and/or that of the named minor child(ren) in their advertising and marketing pieces or for any other purpose. I understand that I will receive no compensation for this use.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I understand and accept that the YMCA is not responsible for lost or stolen articles at any YMCA branch or program site. I have been told that the YMCA strongly recommends that members, guests and participants lock their belongings in a locker that the YMCA provides free of charge. I understand and accept that the YMCA is not responsible for damage to vehicles in the parking lot nor tickets for illegal parking.

I understand and accept that exercise, by its nature, is a dangerous activity since it raises the heart rate and alters many functions. On behalf of myself and/or the named minor child(ren), I hereby hold the YMCA of La Porte, Indiana, its staff, and/or volunteers harmless for any injury or condition that may result from participating in any YMCA activity or program.

Signature _____ Date _____