

PARTICIPANT HEALTH/EMERGENCY INFORMATION • WAIVER

First, Middle, Last Name: _____ Member ID #: _____ Phone: _____

Address: _____ City/State _____ Zip Code: _____

E-Mail Address: _____ DOB: _____

Emergency Contact Name: _____ Phone: _____

The following MUST be initialed in order to Participate in any Y Program/Activity

1. _____ In initialing this agreement, I certify that I/my child am/ is able to participate fully in the program unless otherwise stated in writing to the YMCA. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.
2. _____ In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons, or entities, arising out of, resulting from, or in connection with my/our use of the YMCA's facilities and equipment or my/our participation in any YMCA programs.
3. _____ I/We understand that participation in the YMCA Programs and the use of the YMCA's facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/we am/are voluntarily participating in the YMCA Programs and using the YMCA's facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
4. _____ I/We understand that the YMCA's facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/we have been advised to seek advice from a physician regarding the use of the YMCA's facilities and Equipment. I/We also acknowledge that it has been recommended that I/we have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's facilities and Equipment. I/We acknowledge that I/we have either had a physical examination and have been given y/our physicians/ permission to participate, or that I/We have decided to participate in YMCA Programs and/or use the YMCA's facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA's Programs and my/our use of the YMCA's facilities and Equipment.
5. _____ 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.
6. _____ As part of the overall YMCA program, participants occasionally are photographed/videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA Staff, and also that the participant's likeness, name, performance, artwork, or written work may be used by the YMCA in any YMCA publications, materials, advertisements, web-site, and programs. Hagerstown YMCA, permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the YMCA may be monitoring certain areas by video surveillance.
7. _____ I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize YMCA to arrange for transport or my child for the purpose of providing medical care, if necessary, at the discretion of the YMCA or medical personnel.

Please list all:

Medical conditions/allergies: _____

Medications: _____

****Waiver will go into effect upon signature and date below.** Waiver will remain in effect until Participant/Participant Guardian provides the Hagerstown YMCA with updated Health/Emergency Information.

I agree to abide by all YMCA Membership Policies, Bylaws and Standards of Conduct. I further acknowledge that the YMCA reserves the right to terminate the membership of anyone who violates the Bylaws, or Standards of Conduct.

Date: _____ Signature: _____