

PARTICIPANT NAME

AGE

DOB

ADDRESS

CITY

ZIP

PRIMARY PHONE

EMAIL

I give my permission for the YMCA to take and use any pictures of myself or child for promotional or advertising without compensation. I understand that even when every reasonable precaution is taken, accidents still can happen. Therefore, in exchange for the YMCA, its staff members, board members and volunteers from any and all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand this release includes any claims based on negligence, action or inaction of the YMCA, its staff, board members, guests, members or volunteers. I have read and am voluntarily signing this release authorization.

PARENT/GAURDIAN SIGNATURE DATE