# Program Waiver Form

| NAME | | |
|---|---|---|
| Parent First Name | Last Name | Middle Int. |

| PERSONAL INFORMATION | | |
|---|---|---|
| Birthdate | Gender (Circle one) M F | Military (Circle one) YES NO |

| CONTACT INFORMATION | | | |
|---|---|---|---|
| Street Address/PO Box | City | State | Zip |

| Phone Number ( ) | E-Mail Address |
|---|---|

| EMERGENCY CONTACT | |
|---|---|
| Name | Phone Number ( ) |

PROGRAM PARTICIPANTS

| **Name (Last, if different)** | **Birthdate** | **Gender** (Circle) | |
|---|---|---|---|
| | / / | Male | Female |
| | / / | Male | Female |
| | / / | Male | Female |
| | / / | Male | Female |
| | / / | Male | Female |
| | / / | Male | Female |

## Program waiver

Welcome to the Watertown Family YMCA. Please complete the personal information on the front of this form then review and sign the waiver below.

By signing below, you are assuming the risk of, and release and hold the Watertown Family, Fairgrounds, Carthage YMCA harmless for and physical or other injury or harm suffered by you during, or as consequence of, participation in such programs, or performance of such or other exercise routines, or engagment in such other physical activity, and you agree that neither the YMCA, nor the facility at which the programs are being held, or any person involved in organizing or conducting the affairs of the YMCA, shall have any libility or responsibility for any such injury or harm.

"By participating in the YMCA Nationwide Membership program, I agree to release the National Council of Young Men's Christian Associations of the United States of America and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and from any liability for other claims, including loss of property, to the fullest extent of the law"

Signature:_____ Date:_____

Member # _____