

YMCA OF SAN DIEGO COUNTY Participant Release Form Minors

Name	Email		Phone ()		
Address	City	State 2	Zip	DOB	//_
Emergency Contact Name		Emergency Contac	t Phone ()	
YMCA RELEASE	AND WAIVER OF LIABILITY	AND INDEMNITY AG	REEMENT	FOR MINOR	≀s
Name of Minor(s)					
, the undersigned parent/person having n all YMCA programs. The minor is phys for the program.					
n consideration of said minor being peri facilities and/or equipment, or participat spectator or participant) hereby:	-		-		
 Acknowledge that (i) I have read the being safe and reasonably suited for 	• • • •			nent, (iii) I ac	cept them as
 Except for YMCA's gross negligency volunteers (collectively "Releasees") for or death to person, whether said dang in connection with YMCA programs of any other member, occupant or user said minor assumes full responsibility negligence or willful misconduct of the 	rom all liability to me or the al nage or injury results from con r activities. YMCA shall not bo of the YMCA premises or parti v for, and risk of, bodily injury,	bove said minor, for an aditions arising upon th e liable for any damage icipant in YMCA progra	y loss or da e YMCA fac s arising fro ms or activi	mage to proposition any act of ties. I agree	perty or injury sing out of or r neglect of e that the above
3. I agree not to sue Releasees for ar or willful misconduct, I will indemnify claims and/or damages, liens, judgme involving, or in connection with, the N the above said minor or any other pe matters, I shall upon notice defend th with me in such defense. YMCA need	, protect, defend and hold har nts, penalties, attorneys' and /MCA membership, use of YMO rson. If any action or proceed ne same at my expense by cou	mless the YMCA and its consultants' fees, expe CA facilities and/or part ing is brought against \ nsel reasonably satisfa	s Releasees nses and/or ticipation in YMCA by rea ctory to YM	from and ag liabilities an YMCA progr ason of any o ICA and YMC	ainst any and all rising out of, rams by me, of the foregoing
4. I do hereby authorize the YMCA as examination, anesthetic, medical, der and is to be rendered under general of California Medical Practice Act on the the physician or at the hospital. I under the physician or at the hospital.	agent for the undersigned, to tal, or surgical diagnosis or tr or special supervision of, any p e medical staff of any hospital	o consent with respect reatment, and hospital ohysician and surgeon l , whether such diagnos	to said mind care which i icensed und is or treatm	or, to any x- s deemed ad ler the provision nent is rende	visable by, sions of the red at the office of
intend this document to be as broad an nvalid, I agree the balance shall continu		the laws of the State o	f California;	; if any porti	on hereof is held
Parent/Legal Guardian Signature		D	ate		
Waiver/Consent					
I, giv other likeness of any of my children, specific					
Signature		D	ate		