



Rancho Family YMCA Birthday/Group Roster

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate with me in the YMCA program described above. The minor and I are physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor and my being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: (1) Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonable suited for the purposes intended and (iv) I voluntarily sign this document. (2) Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me and for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. (3) I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon, or near the YMCA branch; whether caused by the negligence of Releasees. (4) I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. (5) I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I give my permission to the YMCA to use my picture or other likeness, or a picture or likeness of any of my children, in the YMCA's general publicity and campaign materials.

I intend this document to be as broad and inclusive as permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Party Contact: _____ Phone: _____

Address: _____

Emergency #: _____ Parent Signature _____

Additional Participants:

Print Name	Birthday	Emergency Name	Emergency Phone #	M/F	Parent/Guardian Signature

Address: _____ Cell/Phone: _____

Print Name	Birthday	Emergency Name	Emergency Phone #	M/F	Parent/Guardian Signature

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