Rancho Family YMCA Adult Activity Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Last Name: _____ First Name: _____

❑ Male ❑ Female Birth date: ____/____/____
Month Day Year

_____
Street Address City State Zip Code

Home Phone #: (____) _____ Work Phone #: (____) _____

Mobile Phone #: (____) _____ Email Address: _____

Do you have any medical conditions or allergies we should be aware of? ❑ Yes ❑ No

Please List: _____

EMERGENCY CONTACT:

Last Name: _____ First Name: _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Relationship: _____ Cell Phone #: (____) _____

ADULT INFORMATION & WAIVER FORM

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program (including any theatrical production), I 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 reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am 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 my presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise.

4. I assume full responsibility for any risk of bodily injury, death or property damage due to negligence of Releasees or otherwise.

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

IMPORTANT: This form is to be completed annually. It can be dropped office at the Service Customer desk during registration hours or mailed to your YMCA branch, Attn: AOA Director. It must be received at the branch prior to the start of classes, programs, or trips.

Participant Signature Date