

Name	
Address	Zip Code
City	State
Email	DOB
Emergency Contact Name:	
Emergency Contact Phone Nur	mber:

other likeness of any of my children, specifically,

REQUIRED: ATTACH A COPY OF PARENT'S DRIVERS LICENSE.

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS	
Name of Minor(s)	
, the undersigned parent/person having legal custody/guardianship of n all YMCA programs. The minor is physically able and mentally prepar or the program.	
n consideration of said minor being permitted to enter any branch of t acilities and/or equipment, or participation of the above in any progra spectator or participant) hereby:	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
 Acknowledge that (i) I have read this document, (ii) I have inspect being safe and reasonably suited for the purposes intended and (iv) 	[20] [[[[[[[[[[[[[[[[[[[
2. Except for YMCA's gross negligence or willful misconduct I release volunteers (collectively "Releasees") from all liability to me or the abor death to person, whether said damage or injury results from con in connection with YMCA programs or activities. YMCA shall not be any other member, occupant or user of the YMCA premises or partical said minor assumes full responsibility for, and risk of, bodily injury, negligence or willful misconduct of the YMCA.	ove said minor, for any loss or damage to property or injury ditions arising upon the YMCA facilities or arising out of or liable for any damages arising from any act or neglect of cipant in YMCA programs or activities. I agree that the above
3. I agree not to sue Releasees for any loss, damage, injury or deat or willful misconduct, I will indemnify, protect, defend and hold harr claims and/or damages, liens, judgments, penalties, attorneys' and of involving, or in connection with, the YMCA membership, use of YMC the above said minor or any other person. If any action or proceedi matters, I shall upon notice defend the same at my expense by cour with me in such defense. YMCA need not have first paid any such cl	nless the YMCA and its Releasees from and against any and all consultants' fees, expenses and/or liabilities arising out of, A facilities and/or participation in YMCA programs by me, ng is brought against YMCA by reason of any of the foregoing usel reasonably satisfactory to YMCA and YMCA shall cooperate
4. I do hereby authorize the YMCA as agent for the undersigned, to examination, anesthetic, medical, dental, or surgical diagnosis or treat and is to be rendered under general or special supervision of, any p California Medical Practice Act on the medical staff of any hospital, the physician or at the hospital. I understand that the YMCA is not	eatment, and hospital care which is deemed advisable by, hysician and surgeon licensed under the provisions of the whether such diagnosis or treatment is rendered at the office of
intend this document to be as broad and inclusive as is permitted by nvalid, I agree the balance shall continue in full force and effect.	the laws of the State of California; if any portion hereof is held
Parent/Legal Guardian Signature	Date

give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or

, in the YMCA's general publicity and campaign materials.