



**YMCA OF CENTRAL TEXAS**

**LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

EFFECTIVE JANUARY 1, 2010 – DECEMBER 31, 2010

YMCA: DMFY or WFY

Participant's Name \_\_\_\_\_ Member (Y / N) # \_\_\_\_\_

D/O/B \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License Number (over 18) \_\_\_\_\_

**If participant is under 18:**

Parent/Guardian's Name: \_\_\_\_\_ D/O/B \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The YMCA of Central Texas will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent child/events and outings, special events, sports programs, or any related YMCA sponsored activities. Nor will the YMCA of Central Texas be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and for my heirs, so hereby release the YMCA of Central Texas and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Central Texas to use photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs for no compensation.

**INSURANCE**

I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.

**MEDICAL RELEASE**

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

**TRANSPORTATION**

I hereby give consent for my child to be transported and supervised by the YMCA to and from activities and for field trips as needed.

**WATER ACTIVITIES**

I hereby give consent for my child to participate in water activities that might be offered by the YMCA. I give the YMCA staff permission to assist my child in the application of sunscreen.

**PLAYER / PARENT CONTRACT**

We as parents agree to abide by the rules and regulations laid down by the YMCA for both player conduct and present conduct in the clinic keeping with the YMCA's purpose of teaching fair play, cooperation, sportsmanship, honesty, responsibility, respect, and caring. As parents we will serve as positive role models for our children by exhibiting such behavior and values.

\_\_\_\_\_  
Signature of Participant/Parent or Legal Guardian (18 years or older)

\_\_\_\_\_  
Date