

EMERGENCY MEDICAL AUTHORIZATION FORM



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant Information:

FIRST NAME:		M.I.:	LAST NAME:	
AGE:		DATE OF BIRTH:		
ADDRESS:				
CITY:		STATE:		ZIP CODE:
CELL #:	HOME #:		WORK #:	
EMAIL:				
EMERGENCY CONTACT NAME (primary):			PHONE #:	

Parent/Legal Guardian Information: (must be filled out if participant is under 18 years of age)

FIRST NAME:		M.I.:	LAST NAME:	
AGE:		DATE OF BIRTH:		
ADDRESS:				
CITY:		STATE:		ZIP CODE:
CELL #:	HOME #:		WORK #:	
EMAIL:				
EMERGENCY CONTACT NAME (secondary):			PHONE #:	

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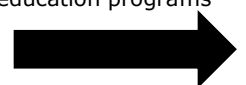


PHOTO WAIVER:

I UNDERSTAND THAT MY PHOTO, AS WELL AS INDIVIDUALS LISTED ON THE EMERGENCY CONTACT PORTION, MAY BE TAKEN BY THE YMCA ON OCCASION, AND I HEREBY GRANT PERMISSION FOR MY NAME AND LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE IN ANY MEDIA NOW OR HEREAFTER DEVELOPED BY THE CAMBRIDGE YMCA.

ASSUMPTION OF RISK:

I, IN MY LEGAL CAPACITY AS THE PARENT/GUARDIAN OF THE MINOR NAMED BELOW ("MINOR"), ACKNOWLEDGE AND AGREE THAT ANY USE OF CAMBRIDGE AREA YMCA FACILITIES, SERVICES, EQUIPMENT AND PREMISES ("FACILITIES") AND ANY PARTICIPATION IN CAMBRIDGE AREA YMCA PROGRAMS AND ACTIVITIES ("PROGRAMS") COMES WITH INHERENT RISKS INCLUDING, BUT IN NO WAY LIMITED TO: (1) MODERATE AND SEVERE PERSONAL INJURY, (2) PROPERTY DAMAGE, (3) DISABILITY, (4) DEATH, AND (5) SICKNESS OR DISEASE. I VOLUNTARILY, FOR MYSELF AND MINOR, ACCEPT AND ASSUME FULL RESPONSIBILITY FOR THESE RISKS AS WELL AS ANY AND ALL OTHER RISKS OF THE USE OF FACILITIES AND PARTICIPATION IN PROGRAMS. I AGREE THAT I HAVE FULL KNOWLEDGE OF THE NATURE AND EXTENT OF ALL SUCH RISKS AND AM NOT RELYING ON ALL SUCH RISKS BEING DESCRIBED IN THIS DOCUMENT.

GUEST RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

IN CONSIDERATION OF BEING PERMITTED TO USE THE FACILITIES, SERVICES, AND PROGRAMS OF THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR THE USE OF THE FACILITIES OR EQUIPMENT, IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED, FOR HIMSELF OR HERSELF AND ANY PERSONAL REPRESENTATIVES, HEIRS, OR NEXT OF KIN, HEREBY ACKNOWLEDGES, AGREES, AND REPRESENTS THAT HE/SHE HAS OR IMMEDIATELY UPON ENTERING OR PARTICIPATING, WILL INSPECT AND CAREFULLY CONSIDER SUCH PREMISE AND FACILITIES OR THE AFFILIATED PROGRAM SITE. IT IS FURTHER WARRANTED THAT SUCH AN ENTRY INTO THE YMCA FOR OBSERVATION OR USE OF THE FACILITIES OR EQUIPMENT OR PARTICIPATION IN SUCH AFFILIATED PROGRAM CONSTITUTES AN ACKNOWLEDGEMENT THAT SUCH PREMISES AND ALL FACILITIES AND EQUIPMENT THEREON AND SUCH AFFILIATED PROGRAM HAVE BEEN INSPECTED AND CAREFULLY CONSIDERED AND THAT THE UNDERSIGNED FINDS AND ACCEPTS THE SAME AS BEING SAFE AND REASONABLY SUITED FOR THE PURPOSE OF SUCH OBSERVATION, USE, OR PARTICIPATION.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO THE OBSERVATION OR USE OF THE FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA; THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE THE YMCA AND ALL BRANCHES THEREOF, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS (HEREINAFTER REFERRED TO AS RELEASEES) FROM ALL LIABILITY TO THE UNDERSIGNED, HIS PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN FOR ANY LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF SICKNESS OR DISEASE OR INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE WHILE THE UNDERSIGNED IS IN, UPON, OR ABOUT THE PREMISES OR ANY FACILITIES OR EQUIPMENT THEREIN OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES AND EACH OF THEM FROM ANY LOSS, LIABILITY, DAMAGES, OR COSTS THEY MAY INCUR DUE TO THE PRESENCE OF THE UNDERSIGNED IN, UPON, OR ABOUT THE YMCA PREMISES OR IN ANY WAY OBSERVING OR USING THE FACILITIES OR EQUIPMENT OF THE YMCA OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE WHILE IN, ABOUT, OR UPON THE PREMISES OF THE YMCA AND/OR WHILE USING THE PREMISES OR ANY FACILITIES OR EQUIPMENT THEREON OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA.
4. THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAW OF THE STATE OF OHIO THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE.
5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR THE INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

INFORMED CONSENT: I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

I UNDERSTAND THAT THE YMCA ACTIVITIES HAVE INHERENT RISKS AND I HEREBY ASSUME ALL RISKS AND HAZARDS INCIDENTS TO MY PARTICIPATION IN ALL YMCA ACTIVITIES. I FURTHER WAIVE, RELEASE, ABSOLVE, IDEMNIFY, AND AGREE TO HOLD HARMLESS THE YMCA, ORGANIZERS, VOLUNTEERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS, COACHES, REFEREES, AS WELL AS PERSONS OR PARENTS TRANSPORTING PARTICIPANTS TO AND FROM ACTIVITIES, FROM ANY CLAIMS OR INJURY SUSTAINED DURING MY USE OF THE YMCA PROPERTY, FACILITIES, AND PROGRAMS.

I UNDERSTAND THE YMCA CONDUCTS REGULAR SEX OFFENDER SCREENINGS ON ALL MEMBERS, PARTICIPANTS, AND GUESTS. I UNDERSTAND IF A SEX OFFENDER MATCH OCCURS, THE YMCA RESERVES THE RIGHT TO CANCEL MEMBERSHIP, END PROGRAM PARTICIPATION, AND REMOVE VISITATION ACCESS.

I HEREBY AGREE THAT IN THE EVENT THAT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR ANY MINORS NAMED ON THE FORM TO BE TRANSFERRED TO ANY HOSPITAL REASONABLY ACCESSIBLE. FACTS CONCERNING THE MINOR'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED:

BY SIGNING BELOW, I HEREBY RELEASE THE CAMBRIDGE AREA YMCA, YMCA BOARD OF DIRECTORS, MANAGEMENT, AND OTHER YMCA PERSONNEL AND VOLUNTEERS FROM ANY AND ALL LIABILITY ARISING FROM OR IN ANY WAY CONNECTED TO THE USE OF EQUIPMENT OR ANY FITNESS PROGRAM OR CLASS AT THE CAMBRIDGE YMCA. I UNDERSTAND IT IS MY RESPONSIBILITY TO OBTAIN A PHYSICIANS APPROVAL BEFORE BEGINNING ANY EXERCISE REGIME AND NOT THE RESPONSIBILITY OF THE CAMBRIDGE AREA YMCA.

_____ **DATE:** _____
Participant Signature

_____ **DATE:** _____
Parent/Legal Guardian Signature (if participant is under 18 years of age)

To build strong kids, strong families, and strong communities by providing educational, social, and physical education programs focusing on life skills, citizenship, character development, and health.