

Member Name:

Member ID#



**YMCA of the Chesapeake**

**PROGRAM PARTICIPANT/GUEST PASS APPLICATION**

Caroline County Family YMCA  
 Easton Family YMCA @ Washington  
 Perkins Family YMCA  
 Richard A. Henson Family YMCA

Cecil County Family YMCA  
 Kent County Family YMCA  
 Robbins Family YMCA

Easton Family YMCA @ Peachblossom  
 Landsberger Family YMCA  
 Queen Anne's County Family YMCA

Name \_\_\_\_\_ (LAST) (FIRST)

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M \_\_\_F

Emergency Contact Name \_\_\_\_\_ Phone No \_\_\_\_\_

**Additional Participant(s) Information:**

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M \_\_\_F  
(LAST) (FIRST)

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M \_\_\_F  
(LAST) (FIRST)

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M \_\_\_F  
(LAST) (FIRST)

**FOR YMCA OFFICE USE ONLY**

Please sign below verifying that you have scanned all applicants ages 18 & older through Raptor.

**Welcome Center Staff Signature**

**Date**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services and programs of the YMCA of the Chesapeake (hereinafter referred to as "YMCA" and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgment that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. I ACKNOWLEDGE AND AGREE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH-COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, SICKNESS OR DISEASE, DEATH AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls for contact with participations; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damage, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THESE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child are unable to participate due to physical/ mental conditions, I will immediately discontinue participation. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of the injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a healthcare facility for emergency care as needed. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather or late pick-up.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of Maryland and Virginia and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect. I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signature or Parent/Guardian's signature (if participant is legally a minor)