



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TRY A CLASS FOR FREE



KIDS HAVE FUN AT THE Y ARTS, DANCE, SPORTS, GYMNASTICS

We'd like to plan for your child's complimentary visit. Please complete this form, sign the waiver on the reverse side, and bring it into the Member Services Desk at the Y. Our Program Director will contact you to confirm your request. **We look forward to seeing you soon!**

PARENT'S NAME: _____

EMAIL: _____

PHONE NUMBER: _____

CHILD'S NAME: _____

CHILD'S AGE: _____

NAME OF Y CLASS: _____

SOMERVILLE YMCA

A branch of Somerset County YMCA

2 Green Street | (P) 908 722 4567
Somerville, NJ 08876 | www.ymcasomersetcountyyymca.org

 [Facebook.com/SomersetValleyYMCA](https://www.facebook.com/SomersetValleyYMCA)
 [Twitter.com/somersetvalley](https://twitter.com/somersetvalley)

The Y is the nation's leading nonprofit committed to strengthening the community through youth development, healthy living and social responsibility. At Somerset County YMCA, we believe everyone, regardless of age, income or background, should have the opportunity to learn, grow and thrive. For information about Somerset County YMCA and financial assistance, visit us at www.somersetcountyyymca.org.



SOMERSET COUNTY YMCA RELEASE & HOLD HARMLESS AGREEMENT

ATTENTION: Please read carefully as this Agreement affects you and your family's legal rights.

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS: In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

ASSUMPTION OF RISK: I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event or program affiliated with the YMCA, without respect to location.

MEDICAL RELEASE: In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize the YMCA affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

PHOTOGRAPHIC AND AV RELEASE: I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

OTHER: The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation. If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

PARENT/GUARDIAN: This section must be completed if the participant is under 18 or legally incapacitated.

I represent that I am the parent or legal guardian of the Participant. I acknowledge that I have read, understand and voluntarily agree to accept the terms of the above Release and Hold Harmless Agreement with respect to the above named Participant.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME

EMERGENCY CONTACT:

NAME/RELATIONSHIP

CONTACT NUMBER(S)