



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING CLALLAM COUNTY YMCA INC d/b/a OLYMPIC PENINSULA YMCA (hereinafter, "YMCA") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

**Assumption of Risk**

I warrant that I have legal capacity as parent/guardian of the minor named below ("Minor"), and in that capacity, I acknowledge and agree that any use of YMCA facilities, services, equipment and premises ("Facilities") and any participation in 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, communicable or otherwise. 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.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease, communicable or otherwise, incurred by Minor, however occurring including, but not limited to, the negligence of Releases. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or disease, communicable or otherwise, sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releases from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releases on account of personal injury, property damage, disability, death, sickness, or disease, communicable or otherwise, or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releases.

In further consideration of the use of Facilities and participation in Programs, I personally and in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS. Releases from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in any Program.

**This Waiver, Release, Indemnification of all Claims & Covenant Not to Sue, shall be in full force and effect hereafter and is a condition precedent to entry and access to the Facilities and Programs.**

Printed Name / Relationship to Minor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parents Information:**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email (Opt.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_