



Kishwaukee Family YMCA

Program Waiver

Participant Name: _____

Program: DAP

Session: School Year 2009-2010

Waiver of Liability

I am an adult 18 years of age or older and wish for myself, my family and or children to participate in Kishwaukee Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can happen. Therefore, in exchange for the YMCA allowing me, my family and/or children to participate in YMCA activities, I understand and expressly acknowledge that I release the Kishwaukee Family YMCA and its staff, board of directors and volunteers from all liability for any injury, loss, or damage connected in any way whatsoever to me, my family or my children's participation in YMCA activities, whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the Kishwaukee Family YMCA, its staff, directors, volunteers, members and or guests. I have read and am voluntarily signing this authorization and release.

I understand that the Kishwaukee Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or are on the premises.

I give my permission to the YMCA to use photographs, film footage, tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA programs.

Acceptance

I declare myself/ family to be physically sound, having medical approval to engage in YMCA activities. I have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Kishwaukee Family YMCA.

Signature of Participant (or Parent / Legal Guardian)

Date