



# YOUTH WAIVER

Name of Participant \_\_\_\_\_ Female  Male

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Special Health Needs \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_ Best Phone \_\_\_\_\_

Emergency contact (if parent/guardian is unavailable)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## REPRESENTATIONS

- 1) I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Orrville YMCA to obtain medical treatment for my child in the event that a parent/guardian and emergency contact cannot be reached.
- 2) I support the YMCA Youth Super Sports Philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.
- 3) Following is a complete list of all my known health conditions that might affect my ability to participate:  
\_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I realize that the program my child is enrolled in is a vigorous physical activity that involves elements of the activity such as height, flight, and rotation of equipment and players, and rapid directional change. I understand that participation in the program involves certain inherent risks and regardless of the precautions taken by the Orrville YMCA or the participants, some injuries may occur. Possible severe injuries include, but are not limited to: blindness, quadriplegia and death. The likelihood of such injuries may be lessened by adhering to the safety rules. In order to properly protect my own safety and that of my fellow participants, I agree to follow these rules as well as any others that may be given by my coach. Furthermore, in recognition of the importance of shared responsibility for safety, I agree to immediately report any noted deviations from the safety rules, as well as any observed hazardous conditions or equipment to my coach. I further certify that my present level of physical condition is consistent with the demands of active participation in the program.

I have carefully read the foregoing document. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand, and appreciate the risks involved in active participation in the program.

Having been informed of the program to provide games for boys and girls, I, the parent of the above-named registrant, do hereby give my approval of his/her participation in any and all of the activities during the current session.

## PHOTO/VIDEO RELEASE

I give Orrville YMCA staff permission to take photo/video during the current session. I understand that these pictures might be used for YMCA publicity.

**SEVERABILITY**

If any clause or provision of this Agreement is determined to be illegal, invalid or unenforceable under any present or future law by the final judgment of a court of competent jurisdiction, the remainder of this Agreement will not be affected thereby if the essential terms of the Agreement upon which Lender relied remain in effect. It is the intention of the parties that if any such provision is held to be illegal, invalid or unenforceable, there will be added in lieu thereof a provision as similar in terms to such provision as is possible and be legal, valid and enforceable.

**AFFIRMATION**

I assume all risks and hazards incidental to the conduct of the activities, and I further release, absolve, indemnify, and hold harmless, for any claim of mine arising from injury to the above listed child, the Orrville YMCA, the organizers, sponsors, supervisors, volunteers, officials and any related participants. In case of injury to my son/daughter, I hereby waive, on behalf of above listed child, all claims against the Orrville YMCA, the organizers, sponsors, supervisors, volunteers, officials and any related participants. I am voluntarily requesting permission for my son/daughter to participate.

\_\_\_\_\_

CHILD

\_\_\_\_\_

DATE

\_\_\_\_\_

PARENT/GUARDIAN

\_\_\_\_\_

DATE