

**YMCA OF COLUMBIA-WILLAMETTE: MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, 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 whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Name of Child in Program: _____

Signature of Applicant/Parent: _____

Signature of Other Adult: _____

Date: _____

MEDICAL AUTHORIZATION

As the parent/legal guardian, I give full authorization to YMCA of Columbia-Willamette The Hoop staff or designated adult leaders to secure medical care or treatment for the youth named below. This treatment may include assistance from the nearest physician, dentist, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the program staff or their designee. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary.

I further agree that no YMCA of Columbia-Willamette ("YMCA") employees, agents, or volunteers will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. The YMCA will not cover costs incurred.

The undersigned understand and agree that the YMCA shall not be legally or financially liable for any claim arising from any medical care provided pursuant to this authorization. The undersigned hereby agree to indemnify to save and hold harmless the YMCA from any claim made by or on behalf of said minor arising out of any medical care provided pursuant to this authorization

This authorization shall remain effective until he/she completes their activities in this program unless sooner revoked in writing. I have read this document, I understand its contents, and I agree to its terms.

Youth Name: _____
(Please Print)

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Phone (Day) _____

Phone (Evening) _____
(Please Print)

MEDICAL HISTORY

This information is confidential and will be used only in case of emergency.

Name of Physician _____

Telephone _____

Address _____

Currently under physician care? YES NO If yes, what condition? _____

Currently taking medication? YES NO

Name of Medication: _____

Dosage: _____

Time taken: _____

Any allergies, food, special dietary restrictions, drug reactions? YES NO

Are there any conditions or special needs that staff should be aware of?

