



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GENERAL LIABILITY RELEASE

## Child Development Center

**Liability:**

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child’s physical condition or resulting from my or my child’s participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids and Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

**Photo/Talent Release:**

I give permission to the YMCA of Greater Grand Rapids and Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Signature (if minor, parent/ guardian signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the YMCA of Greater Grand Rapids to provide routine health care; to administer medications; to order X-rays, routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of Greater Grand Rapids to secure and administer treatment, including hospitalization, for the named person above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Self /  Parent /  Guardian (check appropriate title)