



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GENERAL LIABILITY RELEASE

School Age

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)

HEALTH STATEMENT

My child, _____, is in good health and may participate in scheduled YMCA activities except as stated in the restrictions (if any). As the child's parent/guardian, I will assume full responsibility for the child's health while the child is enrolled in the YMCA program. This means I will keep my child home when he/she has become ill while in the program. I have also provided a copy of my child's immunization record (required by law by the state of Michigan) by the first day of attendance.

Signature _____ Date _____
 Self / Parent / Guardian (check appropriate title)