



Participant Waiver

ID verified by:

Please Circle One:

Nationwide

Guest

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in the Ocean County YMCA Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in Ocean County YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Ocean County YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Ocean County YMCA participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in the Ocean County YMCA, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Ocean County YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Ocean County YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the Ocean County YMCA facilities/equipment or participation in the Ocean County YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. In consideration of my participation in Ocean County YMCA I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Ocean County YMCA participation. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Ocean County YMCA participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Ocean County YMCA and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in Ocean County YMCA. I further certify that my date of birth is ____/____/____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

NATIONWIDE MEMBERSHIP PROGRAM By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.”

THE YMCA CONDUCTS REGULAR SEX OFFENDER SCREENINGS on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

NATIONWIDE MEMBERS, please tell us where you are visiting from _____ YMCA.

PLEASE COMPLETE THE NEXT PAGE

***REQUIRED**

*LAST NAME: _____ *FIRST NAME _____

*EMAIL: _____ * PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Birthdate: _____

Emergency Contact- Name: _____ Phone: _____ :

ADDITIONAL FAMILY MEMBERS (REQUIRED for all members/guests/visitors/etc.)

Name _____ D/O/B _____

Name _____ D/O/B _____

Name _____ D/O/B _____

Name _____ D/O/B _____

Name _____ D/O/B _____

Name _____ D/O/B _____

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.

Signature of Applicant (parent or guardian must sign if under 18)

Signature of Applicant (parent or guardian must sign if under 18)