

School _____

Afterschool Adventure Registration Form

Name _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____

Parent Name _____ DOB _____

Work Phone _____ Cell Phone _____

Parent Name _____ DOB _____

Work Phone _____ Cell Phone _____

Must have 2 other than parents

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Anyone else authorized to pick up

Permission for Enrollment and Release of YMCA from Liability

I give my child/children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, direction, members and guests. I have read and am voluntarily signing this authorization and release.

I have read this for and grant permission for my child to participate in all activities provided by the Jackson YMCA.

Parent's Signature _____ Date _____

Authorization for Emergency Medical Treatment

If my child should become ill or injured during YMCA activities, I understand that the YMCA will: 1.) contact me immediately, or 2.) contact the person (s) I have designated in case I cannot be reached. Should the YMCA be unable to reach me or the person (s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child/children. I accept responsibility for payment of medical services rendered.

Parent's Signature _____ Date _____

Medical or other information (ie. allergies, medical, physical or emotional conditions, or special needs)

Physician Name/Address _____ Phone _____

Photo/Video Release

I grant permission to the Jackson YMCA to use photographs and videotapes taken of my child/children for YMCA publication purposes.

Parent's Signature _____ Date _____

Transportation Release

I give my child/children permission to be transported by the YMCA. I understand that the Jackson YMCA will provide transportation to and from scheduled field trips.

Parent's Signature _____ Date _____

For Staff Use:

Information Imputed by _____

Membership # _____

Unit # _____

Jackson YMCA Rock Climbing Release Form

PART 1: RELEASE/INDEMNIFICATION OF ALL CLAIMS AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you waive your right to bring a court action to recover compensation or obtain remedy for any injury to yourself or for your death however caused, arising out of your use of the facilities of the Jackson YMCA, Inc., now or any time in the future, whether caused by the Jackson YMCA, Inc.'s negligence of that of its officers, agents or employees.

ACKNOWLEDGMENT OF RISK I hereby acknowledge and agree that the sport of rock climbing and the use of the facilities of the Jackson YMCA, Inc. (hereinafter referred to as the Y), its climbing walls and other training facilities, has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Y and have had any questions I had about the same explained to me including but not limited to:

All manner of injury resulting from falling off the climbing walls and hitting rock face and projections, whether permanently or temporarily in place on the floor;

Rope abrasion, entanglement and other injuries resulting from activities on or near the wall such as but not limited to, climbing, belaying, rappelling, lowering of rope rescue systems and any other rope techniques;

Injuries resulting from falling climbers or dropped items, such as but not limited to ropes or climbing hardware;

Cuts and abrasions resulting from skin contact with the climbing walls and/or training equipment;

Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Y and that the above list in no way limits the extent or reach of this WAIVER AND COVENANT NOT TO SUE.

WAIVER/RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE

In consideration of my use of the Y, I, the undersigned user, agree to waive and release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, hereby do release the Jackson YMCA, Inc., its officers, agents and employees from and WAIVE MY SUBSTANTIAL RIGHTS TO ASSERT any cause of action, claims or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the Y on account of personal injury, property damage, death or dismemberment of accident of any kind, arising out of or in any way related to my use of the Y whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of the Jackson YMCA, Inc., its officers, agents and employees.

In consideration of my use of the Y, I, the undersigned user, agree to use the facilities of the Y in accordance with its established safety policies and procedures and agree to INDEMNIFY AND HOLD HARMLESS, the Jackson YMCA, its officers, agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to my use of the Y, whether asserted by the Y or any third parties who may be injured on account of or in any way relating to my use of the Y.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Y and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death or dismemberment, I sustain while using the Y and that by this agreement, I am waiving any right to pursue the Jackson YMCA, Inc., for any and all liability for such loss, damage, death or dismemberment, even if caused by genuine negligence.

I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read it, of my own free will.

PART 2: CONTRACT TO FOLLOW SAFETY POLICIES OF JACKSON YMCA, INC.

All Climbers must have a signed release form in the Rock Court when they are climbing.

Each user of the rock court will demonstrate safe belaying techniques to a rock wall supervisor. Only approved users will be allowed in the climbing area. New belayer's must take a training session and be qualified by a climbing wall supervisor before receiving approval for climbing.

No unbelayed climbing over 10 feet above the landing zone.

Climbers who are 10 feet or more above the landing zone must be roped and belayed through an approved belay device. Climbers and belayer must wear an approved safety harnesses.

Climbers 17 and under must wear a helmet – no exceptions.

Climbers 18 and over may waive the helmet requirement.

All climbers are asked to assist and encourage a less experienced climber. Inform other climbers and their belayers of any situation seen as unsafe or not in accordance with safety policies. All accidents or equipment damage must be reported immediately.

The Y reserves the right to deny access to its facilities to any individual permanently or for a specified period of time for breach of contract in following the safety policies, or for any conduct that is viewed as unsafe or inappropriate.

IN WITNESS WHEREOF, this instrument is duly executed at Jackson, Michigan, on _____ (date).

PARENT/GUARDIAN CONSENT: I, as parent/guardian of the above minor hereby consent to the terms and conditions set forth in this Release Form.

Parent/Guardian Signature

Print Parent/Guardian Name
