



**2023 Guest/Open Gym
Participant Waiver**

I, (PRINT) _____, have read and agreed to the following waiver and rules in accordance to my participation here at DCFYMCA.

This document is a release of claims and by signing it you do the following:

1. Acknowledge that when performing exercise routines or engaging in any similarly strenuous activity, you may suffer injury.
2. Represent to the YMCA that you are in excellent health and physical condition and that you are not disabled in any way, taking medication or suffering from any condition that would prevent you from engaging in such activities or that make your engagements in such activities potentially dangerous. You should seek medical advice regarding these matters BEFORE participating in using the facility.
3. Assume the risk of and release and hold Decatur County Family YMCA harmless from any liability for any physical or other injury or harm suffered by you during or as a consequence of participation in such other programs or performance of such strenuous physical activity and you agree that neither the YMCA nor the facility at which these programs are being held, nor any other person involved in organizing shall have any liability or responsibility for any such injury of harm.
4. I give permission to take, copyright, and use and publish photographs, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion or for any other purpose consistent with the YMCA mission. I agree that any photographs become the exclusive property of Decatur County Family YMCA and waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with any photographs and the use to which they may be applied.
5. I agree to any and all rules for Guest Passes and Open Gym Night (including Open Basketball and Open Volleyball) and will abide to them. I understand and agree that failure to follow the rules will result in immediate removal from the program and may also prevent me from being able to participate in the program again.

First Name: _____ Last Name: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ___ / ___ / ___ Phone Number: (___) ___ - _____

Emergency Contact Name: _____

Phone Number: _____

By signing this form, I agree to adhere to YMCA policies and rules. I also agree that the above information is correct and that by signing this form that I hereby indemnify and hold harmless the YMCA from any and all claims, demands, costs, and/or expenses arising out of any injuries or damages incurred while participating in this program.

Participant's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

(If participant is under 18 years of age)