



New England Reciprocity Program

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

First Name: _____

Last Name: _____

Home Y: _____

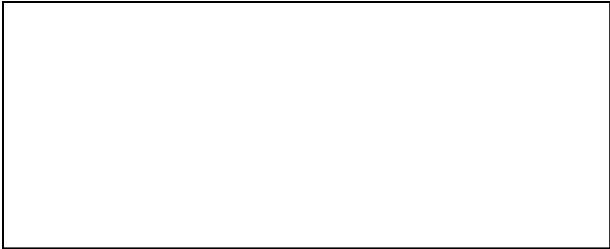


Photo ID

**GUEST & NON-MEMBERS
ONLY**

NEW CANAAN YMCA GUEST / NON-MEMBER ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To: The New Canaan YMCA, New Canaan, Connecticut, its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individually hereinafter referred to as the "Y").

The undersigned on behalf of himself/herself, and his/her minor children named below (hereinafter collectively and individually referred to as the "Releasers") acknowledges that Releasers may participate in activities involving risk of injury to person or property, and that they assume all responsibility for all such risk. Other than as set forth below, the undersigned certifies that each of the Releasers is in good health with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, to the extent permitted by law, the undersigned on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death unless caused by the gross negligence or willful misconduct of the Y or its employees while Releasers are in, on or about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect. The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

NAME OF PARTICIPANT (Please Print Clearly): _____

DATE OF BIRTH OF PARTICIPANT: ____/____/____

PARENT/GUARDIAN (If participant is under 18ys of age) : _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Concerns: _____

If emergency contact or medical concerns change, the undersigned accepts the responsibility for notifying the Y in writing of this change.

The undersigned gives permission for photos or videotapes of himself/herself and his/her children named below while participating in Y activities to be used for promotional purposes. (*Cross out and initial if permission **not** given.*) _____

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

PLEASE PRINT NAME CLEARLY: _____

Date: _____

Signature (must be 18 years of age or older)