



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Today's Date: _____

Guest information:

Name:

Birthdate:

Address:

Phone number:

Email:

Emergency name and phone:

For Office Use Only:

- Former member?: Y or N
- Away Member: Member of _____ YMCA and verified with branch **if not in Nationwide**
- Reason for Visiting:
 - ___ Guest of: _____
 - ___ Non-member using facilities for: _____
- Please take photocopy of license (if applicable) Initial when done. _____
- All guests must sign waiver- select from the below:
 - ___ First time entering and signing waiver
 - ___ This guest is already listed in Daxko from previous attendance
 - ___ This entry has been checked in Daxko (Do not file until checked)
- ___ This guest is a minor and a guardian has signed the waiver (check as needed)

Name of staff completing this form: _____

YMCA OF BUCKS COUNTY

2500 Lower State Road, Doylestown, PA 18901 | 215.348.8131 | ymcabucks.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of YMCA of Bucks County for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with YMCA of Bucks County, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into YMCA of Bucks County for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER YMCA OF BUCKS COUNTY FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH YMCA OF BUCKS COUNTY, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE YMCA of Bucks County, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with YMCA of Bucks County, without respect to location.
2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about YMCA of Bucks County premises or in any way observing or using any facilities or equipment of YMCA of Bucks County or participating in any program affiliated with YMCA of Bucks County whether caused by the negligence of the releasees or otherwise.
3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises YMCA of Bucks County and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with YMCA of Bucks County. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT AND SIGN ON BEHALF OF ALL ON THE ACCOUNT:

Participant Print Name (if under 18 years old, parents or legal guardians must sign below)

Date

Participant Signature

Date

Participant/Parent Signature

Date