

Last Name	First Name
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ADULT INFORMATION AND WAIVER FORM

All Magdalena Ecke Family YMCA members and participants must have a completed form on file.

Please Print

Last Name		First Name	
<input type="radio"/> Female	<input type="radio"/> Male	Birth Date	E-Mail
Address		City	Zip
Home Phone	Work Phone	Cell Phone	

Emergency Contact

Last Name		First Name	
Relationship			
Home Phone	Work Phone	Cell Phone	

PLEASE SEE BELOW FOR WAIVER INFORMATION AND SIGNATURE.

ADULT WAIVER INFORMATION

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation for the above or any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release YMCA, its directors officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch, whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

IMPORTANT: This form must be completed annually. It can be dropped at the Registration Desk during regular business hours, mailed to the Ecke Family YMCA, attn: Registration Department, 200 Saxony Road, Encinitas, CA 92024; or faxed to (760) 944-9329, attn: Registration Department. It must be received at the Magdalena Ecke Family YMCA prior to the start of all classes, programs or camps.

Participant's Signature: _____ Date: _____

200 Saxony Road • Encinitas, CA 92024 • (760) 942-9622 • FAX: (760) 944-YFAX • WEB: www.ecke.ymca.org

