

Name	First Name	MI	Last Name
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(Official Use Only)

PRIMARY MEMBER INFORMATION	
Street Address	
Apt Number or PO Box	City
State	Zip
Home Phone Number	Cell Phone Number
Birth date (MM/DD/YY)	M/F
Email Address	

Date	Fee	Day Use Type	Exp. Date

EMERGENCY INFORMATION	Emergency Contact Name	Relationship	Emergency Phone Number
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Last Name

First Name

Branch Release/Waiver for YMCA Adults

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 in any program, I hereby:

- 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 purpose intended and (iv) I voluntarily sign this document.
- Release the YMCA, it's 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 while I am in or near any YMCA branch.
- Agree to not 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.
- Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

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. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

Primary Adult Signature _____ **Date** _____

Branch Release/Waiver for YMCA Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- 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 purpose intended and (iv) I voluntarily sign this document.
- Release the YMCA, it's 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 while I am in or near any YMCA branch.
- Agree to not 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.
- Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
- I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

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. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

Parent/Legal Guardian Signature _____ **Date** _____