



HEAL COLOR SPLASH INFORMED CONSENT



Participant's Last Name: _____ First Name: _____

The following MUST be initialed in order to participate in any Y Programs/ Activities

1. ___ In initialing this agreement, I certify that I/my child am/is about to participate fully in the program. In case of voluntary withdrawal, I understand that there will be no refund.
2. ___ In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's facilities and Equipment), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its offers, agents, employees, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons, or entities, arising out of, resulting from, or in connection with my/our use of the YMCA's facilities and equipment or my/our participation in any YMCA programs.
3. ___ I/We understand that participation in the YMCA Programs and use of the YMCA's facilities and Equipment is potentially hazardous. I/We understand that fitness activities involve a risk of injury and even death and that I/We am/are voluntarily participating in the YMCA Programs and using the YMCA's facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
4. ___ I/We understand that the YMCA's facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medications. I/We hereby acknowledge that I/We have been advised to seek advice from a physician regarding the use of the YMCA's facilities and Equipment. I/We also acknowledge that it has been recommended that I/We have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's facilities and Equipment. I/We acknowledge that I/We have either had a physical examination and have been given my/our physicians permission to participate, or that I/We have decided to participate in YMCA Programs and/or use the YMCA's facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA's Programs and my/our use of the YMCA's facilities and Equipment.
5. ___ As part of the overall YMCA program, participants occasionally are photographed/videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA Staff, and also that the participant's likeness, name, performance, artwork, or written work may be used the YMCA in any YMCA publications, materials, advertisements, website, and programs. Hagerstown YMCA, permits individuals to use photographic devices during program instructions with certain stipulations on how and where they can be used. It is required that an individual that uses photographic devices adhere to this procedure.
6. ___ I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize YMCA to arrange for transportation of me or my child for the purpose of providing medical care, if necessary, at the discretion of the YMCA or medical personnel.

Please list all:

Medical conditions/ allergies: _____

Medications: _____

BY INDICATING YOUR ACCEPTANCE OF THIS INFORMED CONSENT, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS INFORMED CONSENT AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE INFORMED CONSENT FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____

Date: _____