



All Comer's Meet Participant Information and Waiver

Participants

Full Name _____ DOB ____ / ____ / ____ M / F

Full Name _____ DOB ____ / ____ / ____ M / F

Full Name _____ DOB ____ / ____ / ____ M / F

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Full Name _____ DOB ____ / ____ / ____ M / F

Full Name _____ DOB ____ / ____ / ____ M / F

For all participants under the age of 19, a parent/guardian must fill out the section below as well as sign the waiver at the bottom of the page.

Parent/Guardian Full Name: _____ Birthdate: ____ / ____ / ____

Address: _____ City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

YMCA Member?
 Yes No

How did you hear about this program? past participants flyer At my YMCA Other:

Mandatory Risk Waiver

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Treasure Valley Family YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence, the negligence of my family participating in said activities, or the negligence of the Treasure Valley Family YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While participating in any YMCA programs, I agree that my family and I will act with Caring, Honesty, Respect, and Responsibility.

PHOTOGRAPHIC RELEASE: I also give the YMCA permission to take and utilize pictures/videos of me and/or my Family in YMCA marketing, promotions, social and print media.

 Primary Adult Name Signature Date

 Second Adult Name Signature Date

