

YMCA Kid's Gym and Inflatable Activity

Participant Waiver

Although we strive to make all activities as safe as possible, activities of this nature do come with some element of risk. This waiver ensures that we have contact information for you and/or your child and you are aware of these risks. Please fill this out completely, if you have any questions, please contact the YMCA.

Participant Name _____ DOB _____

Parent/Guardian Name (Printed) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

MEDICAL PROFILE - I recognize that the Kid's Gym climbing elements and Inflatables are physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in climbing activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA/Kid's Gym staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in a Kid's Gym activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the Genesee/Wyoming YMCA and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the Genesee/Wyoming YMCA or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian Signature _____ Date _____