

Palestine YMCA
Climbing Wall Waiver

By signing below, I agree to indemnify and hold harmless the Palestine YMCA including its Board of Directors, Staff, and Sponsors, from any and all claims or demands, costs or expenses, which may result from participating on the climbing wall. I authorize the YMCA to administer emergency medical treatment and notify the proper authorities should any injury occur. I also authorize EMS to be called if deemed necessary by the YMCA staff or agents. THE YMCA DOES NOT CARRY ACCIDENT INSURANCE.

Name: _____ **Birth Date:** _____ **Gender:** M F

If under 16, name of parent/guardian at same residence: _____

Address: _____ **City, State, Zip:** _____

Phone number: _____ **Emergency name/phone number:** _____

Driver's license #: _____ **If under 16, parent's driver's license# :** _____

Participant's Signature: _____ **Date:** _____



• **Must be filled out by parent/guardian:**

I, _____, certify that I am the legal guardian or parent of

_____. In consideration of facility access or being allowed to participate in the activities and programs of the Palestine YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby, waive, release and forever discharge the Palestine YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my child's participation in any activities or use of equipment or machinery in the above-mentioned facilities or arising out of participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to the above child, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my child's participation in any activities of the Palestine YMCA or the use of any equipment at the Palestine YMCA. I also authorize the Palestine YMCA staff or agents to, if necessary: summon EMS, administer emergency medical treatment for the above-named participant, and notify the proper authorities should an injury occur. The Palestine YMCA does not carry accident insurance. I also assume full financial and legal responsibility for any damages or injuries caused to the Palestine YMCA facility or its staff by my child. I also agree that my child will adhere to all policies set by the Palestine YMCA.

Signature of parent/legal guardian: _____ **Date:** _____