



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA name: _____
Lesson location: _____
Day/time: _____
Session start/end dates: _____

SAFETY AROUND WATER ENROLLMENT FORM

Child's first name:		Child's last name:	
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		Child's birth date (mm/dd/yyyy):	
Name of parent/caregiver:			
Zip code:	Phone:	Email:	
Emergency contact:		Emergency phone:	
Number of adults and children in your household (including this child):			
Can your child jump into the water and safely exit the pool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child new to the Y (i.e., has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's race/ethnicity (optional):			
<input type="checkbox"/> I do not wish to self-identify	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Some other race		
<input type="checkbox"/> Asian	<input type="checkbox"/> Two or more races		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White		
<input type="checkbox"/> Hispanic/Latino			
How did you hear about this program?			
<input type="checkbox"/> Y staff member/volunteer	<input type="checkbox"/> Media (TV, Web, radio, print, etc.)		
<input type="checkbox"/> Friend/family member/word of mouth	<input type="checkbox"/> School		
<input type="checkbox"/> Mailing/email communication	<input type="checkbox"/> Community-based organization		
<input type="checkbox"/> Poster/flyer/Y event	<input type="checkbox"/> Other, please specify:		
<input type="checkbox"/> Y's website			

I have signed and returned the required photo, audio/video, narrative release form.

I have signed and returned the Y's standard liability waiver.

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data.

I authorize and acknowledge that I have read, understand, and agree to the above.

Parent/caregiver signature

Date

Nombre de la YMCA: _____



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name _____

I am signing this Agreement because I want my child(ren), if any, as named below, and me to use the facilities, services, or programs of the Young Men's Christian Association of Greater Kansas City (the "YMCA") or because I want the opportunity to provide services to or for the YMCA as a volunteer. If my spouse has also signed, all references to "I," "me," "my," or other uses of the first person include and apply to my spouse to the same extent as to me, and my spouse intends and desires to be fully bound by this Agreement. In consideration for being permitted to utilize the facilities, services, or programs of the YMCA, or provide services to or for the YMCA as a volunteer, for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, I, for myself, my child(ren) named below, and any personal representatives, heirs, and next of kin, hereby acknowledge, agree and represent that I have or, immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. I warrant that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that I find and accept same as being safe and reasonably suited for the purpose of such observation, use, or participation.

In further consideration of the opportunity for myself or my child(ren), if any, named below, to participate in programs or activities of the YMCA, or for me to provide services to or for the YMCA as a volunteer, whether on YMCA premises or elsewhere: • I HEREBY RELEASE, WAIVE, AND DISCHARGE, both for myself and my child(ren), any and all claims or demands against AND COVENANT NOT TO SUE the YMCA, its directors, officers, and employees ("RELEASEES") for injury to or death of me or my child(ren), damage to my or my child(ren)'s property, or loss of companionship or affection that arises or results from my or my child(ren)'s use of facilities, services or programs of the YMCA or my volunteer service to or for the YMCA including, but not limited to, 1) an act or omission by RELEASEES; 2) malfunction or break in equipment or facilities; 3) maintenance of any equipment or facilities, 4) instruction or supervision by RELEASEES.

- I fully understand the risk of injury to or death of me or my child(ren) or that of others and of damage to property—mine, my child(ren)'s, or others—that might result from my or my child(ren)'s use of the facilities, services, or programs of the YMCA or my volunteer services to or for the YMCA. Nonetheless, I ASSUME FULL RESPONSIBILITY FOR THAT RISK. My child(ren) and I are in good health, and I know of no reason why my child(ren) or I are not capable of using the YMCA's facilities, services, or programs or I am not capable of providing volunteer services to or for the YMCA.
- I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the RELEASEES from and against any claim for injury to or death of persons, damage to property, or other loss, including without limitation claims asserted by other participants in YMCA programs or activities and members of the public, that the RELEASEES may incur due to my or my child(ren)'s use of YMCA facilities, services or programs, or my volunteer service to or for the YMCA. This indemnity shall survive my and my child(ren)'s use of any or all YMCA facilities, services or programs and the completion of any volunteer services I may provide the YMCA.

I/WE INTEND THAT THIS AGREEMENT BE AS BROAD AND INCLUSIVE AS APPLICABLE LAW PERMITS. IF ANY PORTION IS HELD INVALID, I/WE INTEND FOR THE BALANCE TO CONTINUE AND REMAIN IN FULL LEGAL EFFECT.

I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, HAVE SIGNED IT VOLUNTARILY, AND FULLY UNDERSTAND ITS MEANING. THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL I/WE DELIVER A WRITTEN CANCELLATION TO THE YMCA.

Printed Name of child [If none, write "None"] _____

Signature of Member, _____, Date _____

Printed Name of Member, Program Participant, or Volunteer Printed Name of Member's or Participant's Spouse

OUR MISSION The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY Revised 11.2021



PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or the YMCA of Greater Kansas City (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA of Greater Kansas City and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: • video film or footage of me,

- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA of Greater Kansas City and either may share them with others;
 - There is no obligation of confidentiality
- YMCA of the USA, YMCA of Greater Kansas City, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA of Greater Kansas City shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA of Greater Kansas City can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA of Greater Kansas City, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____