YMCA of Indiana County Mack Pool Waiver

PHOTO RELEASE AND ADULT AND FAMILY WAIVER, RELEASE FROM LIABILITY, INDEMNIFICATION OF ALL CLAIMS, AND COVENANT NOT TO SUE

I hereby agree that the YMCA may photograph or capture footage of me or members of my household at the YMCA or an any affiliated YMCA property and the YMCA may use those photographs or footage for its marketing purposes and further agree to release to both the YMCA and releases from claim or liability related to that use; waiving all claims for myself, my household, my child and any heirs or next of kin. IF I CHOOSE NOT TO BE PHOTOGRAPHED OR IN OTHER RECORDED MEDIA, IT IS MY RESPONSIBILITY TO INFORM THE PHOTOGRAPHER AND/OR REMOVE MYSELF FROM THE PICTURE.

_____ _____
Initials Date

ACKNOWLEDGEMENT OF RISK AND RELEASE FROM LIABILITY

THE UNDERSIGNED PERSON hereby acknowledges intent to participate with the YMCA of Indiana County activities. The undersigned freely and unconditionally waives and releases the YMCA and any and all of its employees, representatives volunteers, and agents and their successors and assigns (the "YMCA of Indiana County") from all liability and/or claims of the Undersigned, his personal representatives, and/or his estate for any and all loss or damage and/or claims of demands due to: personal injury as result of my physical condition; slip trip or fall; aquatic injuries; athletic injuries; and illness, including exposure to and infection with viruses or bacteria resulting from my participation in any activities, YMCA programs led by staff or volunteers, and the use of any equipment, exercise or other activities. The Undersigned further agrees to defend, indemnify and hold the YMCA harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Volunteer's intentional or negligent acts, errors or omissions now or in the future.

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Indiana County programs or accessing their owned and operated facilities could increase the risk of contracting COVID-19. The YMCA of Indiana County in no way warrants that COVID-19 infection will not occur through participation in programs or accessing their facilities.

I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I HAVE CAREFULLY READ THE FOREGOING WAIVER, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE PARTICIPATING WITH THE YMCA.

I certify that the information contained in this application is true and correct to the best of my knowledge. I have read the waiver agreement, understand it's content, and acknowledge that I am responsible for any injuries encountered while participating, except for those caused by the negligence of the YMCA of Indiana County.

I understand that I and all the individuals in my membership unit can find all the membership policies and agreements, including the code of conduct, in the Member Handbook. I can request a printed copy of this handbook at any time at the Welcome Center. I understand that by signing this form I will adhere to all policies set in the above listed forms.

_____	_____	_____	_____
Name	Date of Birth	Spouse's Name	Date of Birth
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Primary Phone	E-mail		
_____	_____	_____	_____
Signature of Participant or Parent/Guardian	Date	Spouse's Signature	Date

Please indicate the children that you wish to be covered with this waiver:

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____		
Emergency Contact Name	Phone Number		

Office Use Only:

D.L. #: _____ _____ _____

MSR Witness Initial Date