FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Ohio Sports Program Participation

Every Person Participating in the Delaware Community Center YMCA's Batting/Golf Cage MUST sign this waver

CONCUSSIONS

I have been given a copy of the *Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations.* I acknowledge that if a concussion is suspected, then the program participant will be required to provide WRITTEN clearance from a health care provider, as defined in the statute, prior to returning to participate in any YMCA activities.

HOLD HARMLESS

In consideration for being allowed to participate in YMCA membership and programs, I agree to assume the risk of such activities and further hold harmless the YMCA, employees and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from my YMCA involvement.

RELEASE OF ALL CLAIMS and PROMISE NOT TO SUE: I/we the parent/guardian of the above child, release the City of Delaware, The YMCA of Central Ohio, their employees, agents, officers and servants of any risks and hazards incidental to the above activity or any activity in the National Guard Gymnasium, and hereby forever release, waive and relinquish the City of Delaware, The YMCA of Central Ohio, its instructors and supervisors, and all other persons assisting in the conduct of said activities to the participant. I/we understand that the YMCA will not have a staff person supervising and/or operating the batting/golf cage. I/we are responsible for following all protocol while operating said cage. I/we understand that if I/we understand that because of prohibitive costs, no accidental, health, or life insurance covering the participants in this program will be procured and that my/our consent to the participation of the above named participant in this program is made with this understanding.

PHOTO RELEASE

Membership cards will be issued and each member's photo will be taken and held in the YMCA's membership software program for identification purposes. Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of Central Ohio for promotional purposes. For my participation in activities to be conducted by YMCA of Central Ohio I hereby give my permission and consent, now and for all time, to YMCA of Central Ohio, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Central Ohio to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Central Ohio, for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I have read and agree to the terms, conditions, and statements listed above.

YMCA of Central Ohio Branch: Delaware Community Center YMCA Sport/Activity: YMCA Batting/Golf Cage

Participant(s)

Name (Print)_____ Date_____

Signature (If 18+)_____ Date_____

Name (Print)_____ Date_____

Signature (If 18+)_____ Date_____

Name (Print)_____ Date_____

Signature (If 18+)_____ Date_____

Parent/Responsible Party Name (If Under 18) _____ Date_____

Signature (Parent/Responsible Party if under 18) _____ Date_____