



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEST VALLEY FAMILY YMCA AFTERSCHOOL CLUB PROGRAM



Enrollment Packet

LOCATIONS: Haynes Charter for Enriched Studies (Grades K-5), Round Meadow Elementary School (Grades 3rd-5th only) and Vanalden Avenue Elementary (Grades K-5)



CHECKLIST - FOR PROGRAM DIRECTOR USE ONLY

ALL ENROLLEES:

<input type="checkbox"/>	Self-Checklist: Are You Ready?
<input type="checkbox"/>	Color photo of child for emergency purposes (must clearly show the child's face)
<input type="checkbox"/>	YMCA – Opportunity to Give Back!
<input type="checkbox"/>	Confidential Identification and Emergency Information
<input type="checkbox"/>	Confidential Child's Preadmission Health History-Parent Report
<input type="checkbox"/>	Multijurisdictional Authorization & Release For Medical & Dental Treatment
<input type="checkbox"/>	Release and Waiver of Liability and Indemnity Agreement
<input type="checkbox"/>	Photo and Video / Audio Recording Release
<input type="checkbox"/>	Yellow Emergency Card

*If your child requires medical services (such as an Epi-Pen or Epi-Pen Jr, inhaler/nebulizer, testing/monitoring blood glucose levels, gastrostomy tube care/feeding, the administering of glucagon, ileostomy bag care/emptying, the administering of prescription and over-the-counter medications, etc.) additional forms must be completed **prior** to enrollment.

WEST VALLEY FAMILY YMCA

Required

ARE YOU READY? Welcome to the West Valley Family YMCA. We are very excited that you have decided to participate in our programs. **Before you enroll, it is important that you complete this SELF-CHECKLIST to ensure that you and your child are ready to participate in our programs. Your signature is required at the bottom of this checklist. Please check each box below. By signing below, you acknowledge that you have read and understood this entire document:**

I have read and I understand **Form B: Payment Plan & How It Works (non-applicable for summer day camp)** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I have read, I understand and I agree to the **Form C: Financial Policies Agreement** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook

I understand that my child is required to have an Earthquake Kit. I have read the information about the Earthquake Kit on **Form D: Earthquake Kits (non-applicable for all day camps)** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook. I understand that I can (1) Purchase or rent an Earthquake Kit from the YMCA, (2) Purchase an Earthquake Kit from a retailer or (3) I can make my own Earthquake Kit as a fun project to do with my child.

I understand that I must submit a **Recent Photo Of My Child** (Form E), where their face is clearly visible. I understand this will be used in the case of an emergency while my child is in the program. I also understand that I must submit **Form F: Emergency Card** at the time that I enrolled my child. The emergency card is double-sided and both sides must be completed in its entirety. Emergency cards must be updated annually. Emergency cards are available at the YMCA branch and our program sites only (not available electronically).



I have read and I understand **Form J: YMCA's Positive Discipline Policies** found in the Appendix section of the most recent edition of the West Valley Family YMCA School-Age Programs Parent Handbook.

Name of Child being enrolled in YMCA program:

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

FOR OFFICE USE ONLY			
<input type="checkbox"/> Photo of child	<input type="checkbox"/> Added to Master Roster	<input type="checkbox"/> Assigned to PCG	<input type="checkbox"/> Emergency Binder
<input type="checkbox"/> Sign-In Sheet	<input type="checkbox"/> Input Metro Checklist	<input type="checkbox"/> Check Allergies	<input type="checkbox"/> Check for Medical Service
<input type="checkbox"/> Give Back Campaign	<input type="checkbox"/> PCG A/R/A/M/G	<input type="checkbox"/> _____	<input type="checkbox"/> _____

WEST VALLEY FAMILY YMCA

ENSURE A BRIGHT FUTURE – GIVE BACK!

Optional

Our Cause Defines Us

We know that lasting personal and social change comes about when we all work together. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Our Strength is in Community

- The Y is a nonprofit like no other. That's because in 10,000 neighborhoods across the nation, we have the presence and partnerships to not just promise, but deliver, positive change.
- The Y is community centered. For nearly 160 years, we've been listening and responding to our communities.
- The Y brings people together. We connect people of all ages and backgrounds to bridge the gaps in community needs.
- The Y nurtures potential. We believe that everyone should have the opportunity to learn, grow and thrive.
- The Y has local presence and global reach. We mobilize local communities to effect lasting, meaningful change.

Our Impact is Felt Every Day

With a mission to put Christian principles into practice through programs that build a healthy spirit, mind and body for all, our impact is felt when an individual makes a healthy choice, when a mentor inspires a child and when a community comes together for the common good.

The YMCA in the United States

Today, the Y engages more than 10,000 neighborhoods across the U.S. As the nation's leading nonprofit committed to helping people and communities to learn, grow and thrive, our contributions are both far-reaching and intimate—from influencing our nation's culture during times of profound social change to the individual support we provide an adult learning to read. By nurturing the potential of every child and teen, improving the nation's health and well-being, and supporting and serving our neighbors, the Y ensures that everyone has the opportunity to become healthier, more confident, connected and secure.

Opportunities for All

The Y is for everyone. Our programs, services and initiatives: enable kids to realize their potential, prepare teens for college, offer ways for families to have fun together, empower people to be healthier in spirit, mind and body, prepare people for employment, welcome and embrace newcomers and help foster a nationwide service ethic. And that's just the beginning.

Parents, did you know that funds raised through our Community Support Campaign helps us to provide scholarships and assistance for families who are not able to afford to come to the Y? Would you like to donate to our Community Support Campaign to keep program fees affordable to all and to provide these valuable scholarships? The Y and the community are grateful for your generosity. The Y is a 501(c)(3) charitable non-profit. Tax ID: 95-1644052 **A \$100 donation will help to make our program more affordable for one family. Need info? Contact:** Christopher Jefferson | ChristopherJefferson@ymcaLA.org | 818 668 2611

MAKE A DONATION TO THE Y TODAY!

CHECK ONE		
<input type="checkbox"/>	Yes	I would like to make a one-time \$100 donation to the YMCA to support Youth Development Programs. Please charge my credit card on file ending with _____ (last 4 digits). If I do not have a credit card on file, I will provide one to the YMCA Welcome Center.
<input type="checkbox"/>	Yes	I would like to make a \$100 donation over time to the YMCA to support Youth Development Programs. Please split my donation into _____ payments of \$_____ per month for _____ months, beginning (enter a month & year here): _____, for a total gift of \$_____. Please charge my credit card on file ending with _____ (last 4 digits). If I do not have a credit card on file, I will provide one to the YMCA Welcome Center. Example: Please split my donation into 6 payments of \$20 per month for 6 months, beginning June 2017 for a total gift of \$120.00 .
<input type="checkbox"/>	Yes	I would like to make an immediate donation to the YMCA to support Youth Development Programs in the following amount: _____. Please immediately charge my credit card on file ending with _____ last 4 digits. If I do not have a credit card on file, I will provide one to the YMCA Welcome Center.
<input type="checkbox"/>	Yes	I would like to make a donation to the YMCA to support Youth Development Programs in the following amount: _____. I would like to give the donation immediately using cash or check.
<input type="checkbox"/>	No	I have already made a donation to the current Y Annual Support Campaign for the current year.
<input type="checkbox"/>	No	Not at this time
<input type="checkbox"/>	Yes	I would like to learn more about how I can volunteer and help the YMCA raise more funds for our community and/or, I am interested in being a Site Mom/Site Dad/Site Parent to help support the YMCA and its fundraising efforts.
By signing below, you authorize the YMCA to charge any credit card listed above based on the payment schedule you have checked off:		
Printed Name of Cardholder:	Signature of Cardholder:	Date:

There are so many ways you can support the YMCA and help us to ensure that no family is turned away due to their inability to pay. Ask about our **Annual 5k & 10k Race and Family Fun Run** in November and our **Annual Spring Musical** (March/April).

WEST VALLEY FAMILY YMCA

Required

CONFIDENTIAL IDENTIFICATION & EMERGENCY INFORMATION

Basic Information					
Child's name (first, middle, last)		Sex	Birth date (m/d/y)		
Home address (include city and zip code)			Home phone # ()		
Name of school child is/will attend:		Classroom #: (if applicable)		Current Grade:	
1 st parent/guardian/authorized representative name:			Mobile phone # ()		
Home address (if different from child)			Home phone # (if different) ()		
E-mail address:		Driver's license # & state of issue (ID purposes):			
Employer name & address			Business phone # ()		
2 nd parent/guardian/authorized representative name:			Mobile phone # ()		
Home address (if different from child)			Home phone # (if different) ()		
E-mail address:		Driver's license # & state of issue (ID purposes):			
Employer name & address			Business phone # ()		
Person responsible for the child:		Home phone # (if different) ()		Mobile phone # ()	
Emergency Contacts/List of Persons Authorized to pick-up child from the facility					
Names of additional persons who may be called in an emergency and/or who are authorized to take the child from the facility (child will not be allowed to leave with any other person without written authorization from parent or authorized representative).					
Name	Phone #	Address	Relationship to child	When should we contact them?	
				Pick-up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Time child will be called for:					
Restricted PICK-UP: The Following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (a certified copy of the official documentation must be kept in the child's YMCA file)					
Name:			Name:		
Physician & Dentist to be called in Emergency & Medical Insurance Information (this information is required)					
Medical insurance company/plan:					
Policy number:			Expiration:		
Name of child's Physician:			Phone number:		
Name of child's Dentist:			Phone number:		
If physician cannot be reached, what action should be taken?		<input type="checkbox"/> Call emergency hospital <input type="checkbox"/> Other: _____			
Printed Name of Parent/Guardian/Authorized Representative #1:		Signature of Parent/Guardian/Authorized Representative #1:		Date:	
Printed Name of Parent/Guardian/Authorized Representative #2:		Signature of Parent/Guardian/Authorized Representative #2:		Date:	
FOR OFFICE USE ONLY					
Date of Admission:			Date of Cancellation:		

WEST VALLEY FAMILY YMCA

Required

CONFIDENTIAL CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

Child's name (first, middle, last)			Sex			Birth date (m/d/y)					
1 st parent/guardian/authorized Representative name:						Does this person live in the home with the child?			Yes	No	
2 nd parent/guardian/authorized Representative name:						Does this person live in the home with the child?			Yes	No	
MEDICAL INFORMATION											
Is or was your child under the regular supervision of physician? Yes No						Date of last exam/physical:					
Does your child take prescribed medications? <i>(If yes, additional forms are required)</i> Yes No						If yes, what kind? Any side effects?					
MANDATORY QUESTION: Date of child's last Tetanus Booster:											
PAST ILLNESSES — Check illnesses that child has had or currently has and specify approximate dates of illnesses. Check N/A if illness does not apply to your child.											
	Date	N/A		Date	N/A		Date	N/A		Date	N/A
Diabetes			Epilepsy			Hay Fever			Asthma		
	Date	N/A		Date	N/A		Date	N/A		Date	N/A
Chicken Pox			Rheumatic Fever			Whooping Cough			Mumps		
	Date	N/A		Date	N/A		Date	N/A			
Poliomyelitis			3-Day Measels (Rubeola)			10-Day Measels (Rubella)					
Please specify any other serious or severe illnesses or accidents:											
Does child have frequent colds? Yes No						How many in the last year?					
List any allergies staff should be aware of <i>(food, medications, environmental, etc.):</i> Describe the allergic reaction:											
DIET PATTERN: What does your child usually eat for: Breakfast: _____ Lunch: _____ Dinner: _____						What are your child's usual eating hours: Breakfast: _____ Lunch: _____ Dinner: _____					
Any food dislikes?						Any eating problems?					
Does your child require medical services? If yes, please contact the Branch Program Dept. BEFORE enrolling. <i>(Example of Medical Services: Epi-Pen or Epi-Pen Jr, inhaler/nebulizer, testing/monitoring blood glucose levels, gastrostomy tube care/feeding, the administering of glucagon, Ileostomy bag care/emptying, the administering of prescription and over-the-counter medications, etc.).</i> Yes No											
Parent evaluation of child's health:											
Is the child under a doctor's care? Yes No If yes, name of doctor:											
Does child have allergic reaction to sunscreen? Yes No If yes, what kind?											
Does child have any special device(s)? Yes No If yes, what kind?											
Does child have any special device(s) at home? Yes No If yes, what kind?											
Does your child have any special needs? Yes No If yes, please explain?											
Parent's evaluation of child's personality:											
How does the child get along with parents, siblings and other children?											
Has the child has group play experience? Yes No											
Does the child has any special problems/fears/needs? (explain)											
What is the plan for care when the child is ill?											
Reason for joining this program:											
Printed Name of Parent/Guardian/Authorized Representative #1:				Signature of Parent/Guardian/Authorized Representative #1:				Date:			
Printed Name of Parent/Guardian/Authorized Representative #2:				Signature of Parent/Guardian/Authorized Representative #2:				Date:			

WEST VALLEY FAMILY YMCA

MULTIJURISDICTIONAL AUTHORIZATION & RELEASE FOR MEDICAL AND DENTAL TREATMENT

Child's name (first, middle, last)	Sex	Birth date (m/d/y)
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I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the YMCA Program. I hereby grant permission for my child to leave the YMCA Program premises under the supervision of a staff member for neighborhood walks or field trips in authorized vehicles.

The undersigned, as the parent(s) or legal guardian(s) of the above named person (the minor) authorizes the YMCA of Metropolitan Los Angeles and its Employees, Directors, and Adult Volunteers (collectively "YMCA") to consent to an x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the law of the State or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

The undersigned understand and agree that the YMCA shall not be legally or financially liable for any bills or medical expenses incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to this indemnity defined and hold YMCA harmless from any claim made by or on behalf of the minor's heirs or parents or guardian arising out of any medical care or dental care provided.

NOTE: The YMCA requests that if the minor is in the custody of both of their parents or more than one legal guardian, both or all sign this authorization. The YMCA understands that the minor is in the custody only of the person(s) who have signed this authorization.

If for religious reasons you cannot sign this, you must provide a Written statement from parent(s) or authorized representative exempting child from medical assessment, immunizations, and treatment because of adherence to a religious faith that practices healing by prayer or other spiritual means; or physician's statement that immunization is not indicated and the YMCA branch must be contacted for a legal waiver, which must be signed for attendance.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

Child's Health Statement

I, the undersigned, understand that at a YMCA programs, physical activity is a regular part of the daily scheduled activities. To the best of my knowledge, my child is in excellent physical health and has no restrictions (except what is listed in this packet under "special consideration") from strenuous activity. IF I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities. I understand that the YMCA is a group-centered program with one adult teacher assigned to ever group of 14 children. The YMCA does not provide any in-house one-to-one assistance services.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

SUNSCREEN UTILIZATION PERMISSION FORM

The YMCA requires written approval or instructions from parents prior to administering non-prescription medication to children in our programs. **Sunscreen is considered a non-prescription medication.** As the parent or guardian of the above child, I give permission for the staff at the YMCA programs, to provide a sunscreen product of SPF 30 or higher, especially during the months of April-September. I understand the YMCA staff will not be applying the sunscreen on my child.

Check one:

In the event that I forget to send sunscreen with my child on a particular day, I approve of the YMCA to provide my child with sunscreen of SPF 30 or higher.

Please do not provide my child with sunscreen, I will provide my child with specific type of sunscreen

The YMCA has a limited supply of sunscreen available at the program facility to provide to children on days when they may forget their personal sunscreen bottles. Parents/Guardians are required to send Sunscreen each day with their child.

Printed Name of Parent/Guardian/Authorized Representative #1:	Signature of Parent/Guardian/Authorized Representative #1:	Date:
Printed Name of Parent/Guardian/Authorized Representative #2:	Signature of Parent/Guardian/Authorized Representative #2:	Date:

YMCA OF METROPOLITAN LOS ANGELES

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT YMCA OF METROPOLITAN LOS ANGELES

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The parties agree that any and all disputes, claims or controversies arising out of or relating to this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be submitted to JAMS, or its successor, for one full day of mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS for final and binding arbitration. Either party may commence mediation by providing to JAMS or to the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties shall cooperate in selecting a mediator from the JAMS panel of neutrals and in scheduling mediation proceedings. The parties shall participate in the mediation in good faith and shall equally share its costs. Either party may initiate arbitration with respect to the matters submitted to mediation by filing a written demand for arbitration at any time following the initial mediation session or at any time following 45 days from the date of the filing of the request for mediation, whichever first occurs. The arbitration shall be administered by JAMS pursuant to the California Arbitration Act (Calif. Code of Civil Proc. I 1282 *et seq.*). The parties may

file a motion for summary judgment pursuant to California Code of Civil Procedure I437c, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

Each party shall bear its own attorney's fees and costs in any proceeding to enforce or interpret this Agreement. If the initiating party does not pay its share of the arbitration fees and costs within 3 months of receiving notice that payment is due, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

No arbitration shall be brought and no cause of action shall be asserted against releases, or any of them, after the expiration of one year from the date of accrual of such cause of action, and any claim or cause of action against releases, or any of them, shall be extinguished and deemed released unless asserted by the timely filing of a written demand for mediation with JAMS and then arbitration with JAMS within such one-year period.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT KNOWING THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE.

Date: _____

Printed Name

Signature of Applicant/Guardian

Name(s) of Child(ren) in Program and/or YMCA Facility

Revised 8/2016

Required

YMCA OF METROPOLITAN LOS ANGELES

PHOTO & VIDEO/AUDIO RECORDING RELEASE

Optional

PLEASE PRINT

I _____ am eighteen years of age or older, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the National Council of Young Men's Christian Associations of the United States of America, and to any YMCA of the USA Association, including the Young Men's Christian Association of Metropolitan Los Angeles (collectively, "YMCA"), I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA, and to advertising agencies, agents, entities and third parties collaborating with the YMCA and their representatives, if any, (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and my narrative account of my experience with YMCA activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following:

- Any Materials created subject to this Release shall belong to the YMCA as its property, with full right of disposition of them without my oral or written permission.
- The Materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YMCA may elect.
- The YMCA shall not be liable for any claim arising from the use or disclosure to a third party of any of the Materials.
- The YMCA shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to me or the provider of the Materials.

AGREEMENT AND CONSENT

I have read and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge the YMCA and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term "YMCA" in this Release specifically includes the YMCA of Metropolitan Los Angeles.

Signature: _____ Date: _____ Age: _____

Email Address: _____ Phone: _____ Cell Phone: _____

Address: _____

.....

I am the Mother/Father/Legal Guardian of _____.

PLEASE PRINT

I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

Signature of Mother / Father / Legal Guardian: _____ Date: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Address: _____