Assumption of Risk, Release of Liability for Personal Injury, Medical Authorization

Participant: (Please Print) Address:	Age:Sex: State:Zip:
By signing this release, I acknowledge my understanding and acce	
1. That there are numerous risks and hazards inherent in the sport of participants and spectators. Further, I understand that there may be time. I understand that having an Old Town-Orono YMCA employ these activities. I understand that Old Town-Orono YMCA is not raccept the responsibility for any and all risks of injury or death wh	of skateboarding including but not limited to: collisions with other other risks not known to me or reasonably foreseeable at this tree present does not lessen the amount or severity of the risks of esponsible for my safety and I freely and expressly assume and
2. I acknowledge I have been given the opportunity and have been facilities and courses PRIOR to signing this release and continuous	
3. I hereby assume any and all risks of property damage, personal is skateboarding, or while present on the Old Town/Orono YMCA property INDEMNIFY, DEFEND and HOLD HARMLESS the Old Town-the equipment manufacturers and distributors, hereafter Releasees resulting from any and all claims or suits for personal injury, death participation in this activity, related activities, or my use of the fact whom or by what the personal injury, death and/or property damage	emises, and I agree to RELEASE, FOREVER DISCHARGE, Drono YMCA, its directors, officers, agents, employees, as well as from any and all losses, damages, costs and attorney's fees and/or property damage that may in any way arise out of my lity, its equipment, or any equipment, regardless of how or by
4. I AGREE TO RELEASE, FOREVER DISCHARGE, INDEMN FROM ANY AND ALL CLAIMS, SUITS, COSTS AND ATTOR ME OR MY PROPERTY RESULTING FROM THE NEGLIGEN UNDERSTAND THAT THE RELEASEES ARE NOT RESPONSINGUIGENCE, THAT IS, THEIR FAILURE TO USE REASON.	NEYS FEES FOR DAMAGE AND PERSONAL INJURY TO T ACTS OR OMISSIONS OF THE RELEASEES. I SIBLE FOR THE CONSEQUENCES OF THEIR OWN
5. I understand that this agreement shall be binding upon my heirs, the applicable law of Maine. I also understand that if any part of th shall be given full force and effect. I agree that any claims that I m jurisdiction of the state or federal Courts in Maine and that no clair I agree that there have been no warranties, expressed or implied, w of the equipment listed on this form.	is agreement is determined to be unenforceable, all other parts ay bring against the Releasees shall be submitted to the ns against the Releasees shall be brought in any other jurisdiction.
6. I give permission for Old Town/Orono YMCA staff to adminis until trained medical personnel can be reached. I authorize Old To treatment if reasonable effort to contact parent/guardian has faile Additionally, I hereby agree to individually provide for all possible a result of any injury, sustained while participating at the Old Town	wn/Orono YMCA staff to give permission for emergency medical d, and qualified medical personnel consider treatment necessary. e future medical expenses, which may be incurred by my child as
I have read the Release of Liability for Personal Injury and have OLD TOWN/ORONO YMCA before signing this release.	been given the opportunity to speak with a representative of the
Signature (Participant):	Date:/
As parent/guardian signing this agreement for the above named mi document, and that by signing this document on behalf of the mind to INDEMNIFY, DEFEND and HOLD HARMLESS the Releasee the activity or said minor's presence on Releasee' premises.	r, the minor and I agree to be bound by its terms. I hereby agree
Signature of Parent or Guardian:	
Print Full name:	Phone:
Emergency Contact:	Phone:
Date:/	
For YMCA promotional use only, I give my permission to haveYESNOInitials	photos/videos taken of the above named minor: