



Camp Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

### **Armed Service YMCA Release and Waiver Liability**

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of Armed Services YMCA programming for myself and my family members. I will not hold the Armed Services YMCA of Honolulu liable for any injuries incurred during programming or in transit to and from the program whether caused by equipment or the act or omissions of others excepting damage or injury solely caused by the willful misconduct or negligence of the Armed Services YMCA of Honolulu, or its employees, volunteers, or agents. I do hereby authorize the Armed Services YMCA of Honolulu as agent for all Armed Services YMCA Members, to consent with respect to the minors, to any, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any licensed physician and surgeon licensed, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Armed Services YMCA Honolulu is not responsible for costs incurred for medical care. If I participate in the program, whether as coach, instructor, aide, spectator, or participant, I presently waive as to the Armed Services YMCA of Honolulu and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Armed Services YMCA of Honolulu personnel.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent to Photograph, Film, or Videotape for Non-Profit Use**

I hereby grant full permission for myself, my child, and/or my family members to be photographed by the Armed Services YMCA of Honolulu staff for any legitimate purpose without payment or compensation. I also hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes. I also grant to the Armed Services YMCA of Honolulu the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Armed Services YMCA of Honolulu and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

By signing below, you acknowledge that your household has received, read, and understood the **Armed Service YMCA Release and Waiver Liability** and the **Consent to Photograph, Film, or Videotape for Non-Profit Use**.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_