



## LIVESTRONG at the YMCA: Partners in Healing the Whole Person

### REGISTRATION FORM:

Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Gender: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Emergency Contact Name & Phone Number (Required. Must be outside of household):  
\_\_\_\_\_

Are you currently a YMCA Member?  Yes  No

Have you been a YMCA Member before?  Yes  No

Desired Branch of Participation: \_\_\_\_\_ Selected Payment Tier: \_\_\_\_\_

How did you hear about this program?  
\_\_\_\_\_  
\_\_\_\_\_

#### Liability Waiver

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby: 1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability. 2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA. 3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death. I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Applicant or Guardian: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**To register send in the completed registration form using one of these options:**

**Mail: YMCA of Greater Seattle, 909 Fourth Ave., Seattle WA 98104**

**Fax: 206 382 7283, Attn. Brie Davis**

**Email: [chronicdiseaseprevention@seattleyymca.org](mailto:chronicdiseaseprevention@seattleyymca.org)**