

**YMCA Contract & Waiver
2009 - 2010
Centennial High School**

Swim Practice: Monday – Thursday
October 19, 2009 until February 9, 2010
Report at 8:00 PM Practice 9:00PM- 10:00PM

Participant's Name _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

GENERAL RELEASE AND CERTIFICATION

I know that engaging in physical exercise is a potentially hazardous activity. I assume all risks associated with my physical activities at the Ed Isakson/Alpharetta Family YMCA including, but not limited to, falls, contact with other participants, and the effects of weather (including heat, humidity): all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application for program participation. I hereby certify that I am medically able to participate in activities which shall be selected by me. I assume the sole responsibility for my medical condition at all times. I, for myself and anyone entitled to act on my behalf, waive and release the Ed Isakson/Alpharetta Family YMCA sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my activities at or sponsored by the YMCA. I fully agree to seek instruction from YMCA employees as to the use of any exercise machine prior to use, and I fully acknowledge and appreciate that to use said machines without instruction may result in physical harm to myself. Furthermore, by signing below, I certify knowledge that absences from programs will not be made up unless said absence is due to the closing of the area in question.

Participant's Signature Date

Participant's Signature Date

Date: _____ Receipt # _____ Initials _____