



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FACILITY RENTAL APPLICATION

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### Individual Release Agreement

#### Assumption of Risk and Waiver Liability

I hereby request to participate in the activities below conducted by the PENINSULA METROPOLITAN YMCA. I hereby acknowledge that I have been made aware and fully understand that there are certain elements of risk, which are beyond the control of the PENINSULA METROPOLITAN YMCA, it's instructors, volunteers, agents, and employees, inherent in these activities in which I am about to voluntarily engage.

In consideration of the use of the facilities and equipment of the PENINSULA METROPOLITAN YMCA, I do hereby assume all risk of injury arising out of my participation in such activities or use of equipment and I specifically release, covenant not to sue, hold harmless and indemnify the PENINSULA METROPOLITAN YMCA, from any and all liabilities, damages, causes of action, suits, claims, and demands of any nature whatsoever, which are related to, arise out of, or are in any way connected with my participation in these activities or use of equipment, that may accrue to me, or to heirs or personal representatives for any such injury from the date hereof and at all times hereafter.

I am aware that the PENINSULA METROPOLITAN YMCA, requires strict adherence to its standards of safety and conduct. I agree to fully abide by the standards or accept dismissal for refusing to adhere to them.

I hereby authorize the YMCA to obtain emergency medical treatment for my child in the event that parents or legal guardian cannot be reached.

By initialing below, I give consent for my participation (or my child if under 18) in the following  
\_\_\_\_\_ Climbing Wall \_\_\_\_\_ Swimming \_\_\_\_\_ Gym/Sports  
Activities

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under the age of 18)

Parent/Guardian's Printed Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**PENINSULA METROPOLITAN YMCA**

*REVISION DATE:*