

Y OF CENTRAL MARYLAND WAIVER FORM (including rock climbing wall)

I understand that the Y of Central Maryland assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Y of Central Maryland, its agents, assigns and/or employees from any and all claims for injury, illness, death loss or damage which I may suffer as a result of my participation in these activities.

I understand that the Y of Central Maryland is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

I give my permission to the Y of Central Maryland to use, without limitation, or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting Y programs.

Participant's Name (PRINT)
Date

Age

Participant's Signature

(if under age 18 Parent or Guardian must also sign below)

Parent/Guardian's Name (PRINT)
Date

Parent/Guardian's Signature