



**OLEAN FAMILY YMCA
GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS**

Instructions: Please complete the following according to your membership category.

- **Family Membership:** Each member of your family over 18 years of age must read and sign this document. For children under 18, a parent must sign on the child’s behalf.
- **Adult/Senior & College Member:** Read and sign this document.
- **Youth Member:** A parent must sign on the child’s behalf.

In consideration of being allowed to participate in any way in the Olean Family YMCA membership, program, and related events and activities, the undersigned:

1. Agrees to inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he/she will immediately advise the appropriate YMCA staff.
2. Agrees to complete the PAR-Q & You Questionnaire, and, if answered yes to one or more of questions 1-7, agrees to consult with a physician prior to beginning an exercise program.
3. Agrees to monitor personal condition throughout participation in an exercise program, and should any unusual symptoms occur, participant will cease participation and inform YMCA staff of the symptoms.
4. Agrees to follow the instructions of YMCA Staff and published codes.
5. Agrees to read and adhere to the policies and procedures of the Olean Family YMCA including those written in the Member Handbook.

I wish to be a member of the Olean Family YMCA. I have no medical condition which would prevent me from participating in all the activities of the YMCA.

I personally assume all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events. In consideration of my membership, I hereby release, absolve, indemnify and hold harmless the Olean Family YMCA, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the “Released Parties”).

I hereby waive all claims against the Released Parties for any injury, including death, any loss due to theft of or damage to my personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or ever slight care. I agree to hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from the above.

I have read this general liability release and waiver of claims. I understand the terms of this document, understand that I am waiving my rights to any claims against the released parties, and sign it freely and voluntarily.

_____	_____	_____
Member Name - Printed	Member Signature (or parent if under 18 yrs.)	Date
_____	_____	_____
Member Name - Printed	Member Signature (or parent if under 18 yrs.)	Date
_____	_____	_____
Member Name - Printed	Member Signature (or parent if under 18 yrs.)	Date
_____	_____	_____
Member Name - Printed	Member Signature (or parent if under 18 yrs.)	Date
_____	_____	_____
Member Name - Printed	Member Signature (or parent if under 18 yrs.)	Date

(Use back to list other family members)