

SARATOGA REGIONAL YMCA RELEASE FORM

FOR STAFF USE ONLY

NAME _____

AMOUNT PAID \$ _____

DATE OF BIRTH _____

STAFF INITIAL _____

ADDRESS _____

IDENTIFICATION _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

GUEST OF _____

Emergency Contact

NAME _____

PHONE NUMBER _____

RELATIONSHIP _____

Please list additional family members below.

NAME	BIRTH DATE	M/F	RELATIONSHIP
2) _____			
3) _____			
4) _____			
5) _____			

ARE YOU OR ANY FAMILY MEMBER LISTED ON THIS MEMBERSHIP, REGISTERED AS A SEX OFFENDER IN ANY STATE?

ALL PARTICIPANTS OR THEIR GUARDIANS MUST SIGN THIS RELEASE FORM PRIOR TO UTILIZING THE FACILITIES OF THE SARATOGA REGIONAL YMCA.

I do hereby assume full responsibility for any and all damages, injuries, or losses that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or during any visit to the YMCA. I/we hereby waive all claims against the Saratoga Regional YMCA, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we might sustain. I understand that there is a risk of injury associated with participation in any YMCA exercise program and I/we certify that I/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation. I certify that all of the information provided on this document is correct and true.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT.

SIGNATURE _____ **DATE** _____