

5210 WEIGH TO GO
Delta Health System-The Medical Center
Hodding Carter Memorial YMCA

Name: _____

Team Name: _____

Address: _____

Cell Phone: _____

Email: _____

Birth Date: _____

YMCA Member ☐

Non-Member ☐

LIABILITY WAIVER & CONDITIONS: In consideration of participating in the 5210, Weigh To Go program at the Hodding Carter Memorial YMCA and being allowed use of the facilities, equipment, and machinery. I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do hereby release all those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, or family, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I hereby grant permission for Delta Health System-The Medical Center and the YMCA to use, without limitation or obligation, photographs or other media to promote the 5210, Weigh To Go Program and YMCA program. I agree with the YMCA policies and procedures and understand that my participation can be revoked without refund for exhibiting inappropriate behavior or abuse toward The Medical Center and YMCA staff or facilities.

Participant Signature

Date

Office Use Only:

Amount Paid: _____

Cash or Credit: _____

Employee that received payment: _____

Hodding Carter Memorial YMCA
1688 Fairgrounds Road
Greenville, MS 38701
662.335.7258

