



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2018 ACTIVE OLDER ADULT – TRIP or ACTIVITY

Name: _____	Gender: Male or Female
Address: _____	Age: ____ Birth date: __/__/__
City: _____ State: _____ Zip: _____	<input type="checkbox"/> YMCA Annual Member
Home Phone: _____ Email: _____	<input type="checkbox"/> Senior College Member (Y Member Cost)

Emergency Contact: _____	<b>Name of Trip or Activity</b>
Relationship to you: _____	
Emergency Phone: _____	

<b>FOR TRIP PURPOSES ONLY</b>		1) _____
Doctors Name: _____		2) _____
Address & Phone: _____		3) _____
Insurance Company: _____		4) _____
<u>Medical Concerns / Special Needs:</u>		5) _____
		6) _____
<u>Allergies:</u>	<u>Medications:</u>	7) _____
		8) _____
		9) _____
		10) _____
		11) _____
		12) _____

In signing this agreement, I specifically assume all risks of injury arising out of my presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I am physically capable of any activity that may injure others or myself.

I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself in the event of an accident.

Because of the nature of our programs, the Waldo County YMCA staff may be transporting you throughout the State of Maine by bus, van, or personal vehicle. All staff members transporting participants are over the age of 21 and have a valid driver's license. I give the Waldo County YMCA personnel permission to transport myself by bus, van, or personal vehicle. I hereby authorize the YMCA to use photos and/or videos of me in promotional activities.

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_