



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## RACQUETBALL LEAGUE WAIVER

Participants Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Male \_\_\_ Female \_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact #1: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact #2: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of Play: January 28<sup>th</sup>, 2018 – May 12<sup>th</sup>, 2018  
Members: \$10

### **Waiver of Liability:**

In consideration of permission to use, today and on all future dates, the property, facilities, and services of St. Cloud Area Family YMCA, I, myself, do hereby release, waive, discharge, and covenant not to sue St. Cloud Area Family YMCA, its executives, directors, and other employees from liability from any and all claims including the negligence of St. Cloud Area Family YMCA, resulting in personal injury, accidents, or illnesses(including death), and property from arising from, but not limited to, participation in the YMCA's activities, observation, and use of facilities, premises, or equipment.

### **Assumption of Risks:**

I hereby certify that I am in normal health and capable of safe participation in this program. I assume all risks and hazards ranging from (1) minor injuries such as scratches, bruises, and sprains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for myself in the event that my emergency contacts cannot be reached.

### **Acknowledgement of Understanding:**

I have read this waiver of liability and assumption of risk, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This waiver will need to be completed every time you register for a racquetball program.

