



FOR YOUTH DEVELOPMENT *
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOMERSET HILLS YMCA RELEASE AND HOLD HARMLESS AGREEMENT

Attention: Please read carefully as this Agreement affects you and your family's legal rights.

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS: In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Somerset Hills YMCA ("SHYMCA") for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the SHYMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the SHYMCA, all directors, board members, employees, volunteers, agents, independent contractors and other participants (collectively "SHYMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the SHYMCA & Affiliates.

ASSUMPTION OF RISK: I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the SHYMCA or an event or program affiliated with the SHYMCA, without respect to location.

MEDICAL RELEASE: In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize SHYMCA Affiliate permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

PHOTOGRAPHIC AND AV RELEASE: I hereby give permission and consent to SHYMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in SHYMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

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SOMERSET HILLS YMCA

140 Mount Airy Road | 665 Martinsville Road | (P) 908 766 7898
Basking Ridge, NJ 07920 | Basking Ridge, NJ 07920 | www.somersethillsymca.org

The Y is the nation's leading nonprofit committed to strengthening the community through youth development, healthy living and social responsibility. At the Somerset Hills YMCA, we nurture the potential of every youth and teen, improve the community's health and well-being, and provide opportunities to give back and support neighbors. We believe everyone, regardless of age, income or background, should have the opportunity to learn, grow and thrive. For more information about financial assistance or to make a donation, please call 908-766-7898 or visit our website www.somersethillsymca.org



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If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

Participant

I am 18 years of age or older (or my Parent/Guardian is also a signatory herein) and have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

Participant Signature Date

Participant Name

Parent/Guardian

(This section must be completed if the participant is under 18 or legally incapacitated)

I represent that I am the parent or legal guardian of the Participant. I acknowledge that I have read, understand and voluntarily agree to accept the terms of the above Release and Hold Harmless Agreement with respect to the above named Participant.

Parent/Guardian Signature Date

Parent/Guardian Name

Emergency Contact

Name/Relationship Contact Number(s)