



BASIC PROGRAM WAIVER

Please read and agree below: Consent Form: I realize that this and all Family YMCA of Marion & Polk Counties Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand the YMCA will not be held responsible of any communicable disease such as COVID-19 and any other bacteria and/or viruses. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions. Minor Medical Release and Consent Form: As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician. Payment Details: I understand that payment in full is due at time of registration and that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my payment being returned to me by the YMCA. Cancellation Policy: I understand that if I remove my child from a sport that is currently in season then I will not receive a refund. If I remove my child from a sport 30 days before the season has officially started then I may receive a refund that could take up to 21 business days. If I cancel my athlete within 30 days of the season starting, I may be eligible for a system credit that will expire in 6 months. If I cancel my family membership during the season, I will be charged the non-member rate for that particular sport. CHILDREN UNDER THE AGE OF 13 MUST BE ACCOMPANIED TO AND FROM ALL YMCA PROGRAMS.

Please sign and date; _____

Thank you, Felicia Fisher -Youth Development Program Director

FAMILY YMCA OF MARION & POLK COUNTIES
PO BOX 110, Salem, OR 97308 503.399.2788 | www.theYonline.org

At the Family YMCA of Marion & Polk Counties, STRENGTHENING COMMUNITY is our cause. We make a difference by focusing on three key areas: Youth Development, Healthy Living, and Social Responsibility. By investing in our kids, our health and our neighbors, the YMCA ensures that everyone, regardless of age, income or background, has the opportunity to thrive.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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