

## **Indemnity Agreement and Guest Release**

The YMCA of Twin Falls, Inc. provides many recreational activities to members and the general public. I, as a YMCA participant, understand that recreational activities do involve inherent risks which are beyond the control of the YMCA of Twin Falls, its staff, volunteers, and members. I, the undersigned, hereby assume all risks for the behavior, actions, and safety of me, my family members, and my child or children while involved in these activities.

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND RELEASE the YMCA, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, costs, and expenses, including attorney's fees, which may be asserted against the YMCA, its employees and agents, and which the undersigned may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned, my family members, and children using any facilities or equipment of the YMCA or managed by the YMCA. I have read this release of liability and understand its contents.

The YMCA reserves the right to take pictures of program or other activity for promotional purposes.

*I have read and understand the above release policy. If signing up as a team captain, I assume the responsibility that all my team members understand and in agreement with the above policy.*

**Name:** \_\_\_\_\_

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

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

**(Please fill out registration form on back page, with full payment upon registration)**

# 6-Week Summer Shape-Up Challenge 2019 Registration

FULL PAYMENT IS DUE UPON REGISTRATION

## INDIVIDUAL CATEGORY

Weigh IN: \_\_\_\_\_

Weigh OUT: \_\_\_\_\_

?: \_\_\_\_\_ wt. loss

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## TEAM CATEGORY

TOTAL TEAM's Weigh IN: \_\_\_\_\_

TOTAL TEAM's Weigh OUT: \_\_\_\_\_

Total % wt. loss \_\_\_\_\_

You must enter all information for each participant before submitting your team's entry

TEAM NAME: \_\_\_\_\_

### PARTICIPANT 1

Weigh IN: \_\_\_\_\_

Weigh OUT: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### PARTICIPANT 2

Weigh IN: \_\_\_\_\_

Weigh OUT: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### PARTICIPANT 3

Weigh IN: \_\_\_\_\_

Weigh OUT: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### PARTICIPANT 4

Weigh IN: \_\_\_\_\_

Weigh OUT: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date Entered \_\_\_\_\_ Total Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Notes: