



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Learning the Art of Intuitive Eating

January 10-February 21, 2017 (no class on February 14th)

\$15/members

\$25/non-members

Participants are encouraged (but not required) to purchase the book that these principles are based on – ***Intuitive Eating: A Revolutionary Program That Works*** by Evelyn Tribole and Elyse Resch

Name (please print clearly) _____ Y Member? Y ___ N ___

Home Phone _____ Work Phone _____ Email _____

Session Times Available (please choose one)

Tuesday 10am _____

Tuesday 6pm _____

The Magic Valley YMCA 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 Magic Valley YMCA, 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.

The Magic Valley YMCA will deny all applications for membership and/or program participation privileges to anyone who is known to us to be a registered sex offender. By signing below I acknowledge that I am NOT a registered sex offender nor is anyone else included on our membership application.

I have read this release of liability and understand its contents.

Signature _____ Date _____

Date Paid _____ Amount _____ Receipt # _____ Staff initials _____

ESTREETY

1751 Elizabeth Boulevard
(208) 733-4384

Y/CITY POOL

756 Locust Street