



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant Waiver MADISON AREA YMCA

NAME (Please Print) _____

AGE _____

AGREEMENTS

In consideration for being permitted to use the facilities, services or programs of the Madison Area YMCA for any purpose, including but not limited to, observation or use of facilities or equipment and/or participation in any program affiliated with the YMCA without respect to location, the undersign, for himself or herself and any members of their organization hereby acknowledges that the Madison Area YMCA assumes no responsibilities for injuries, illness or death that may be sustained as a result of physical condition or resulting from participation in any YMCA program or activity or while using any Program Area in or on facility grounds.

The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents from any forms for injury, illness, death, loss or damage that may be suffered as a result of participation in these activities or on facility grounds. The undersigned assumes all risk for participation in YMCA activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

The Madison Area YMCA is not responsible for any personal property lost or stolen while using YMCA facilities. It is not recommended to bring valuables to the Y, and if doing so, program participants should provide their own locks to secure items.

While participating in Y programs or using the facility, the Madison Area YMCA has permission to photograph myself and/or members of my organization for publicity purposes.

All visitors/guests 18 years of age and older must provide a valid state or government-issued ID at every visit to be scanned through the Raptor System, providing instant screening for registered sex offenders in all 50 states. The Madison Area YMCA reserves the right to deny access to individuals who are positively matched during the screening process.

Print Name: _____

Signature: _____

Date: _____

Office use only:		
Staff initials: _____	Date: _____	Membership Type _____

MADISON AREA YMCA

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