



Tween scene Liability release

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Information:

Child's Name: _____ Birthdate: _____ Gender: _____
Allergies/illnesses: _____

Parent Information:

Mother's/Guardian's Full Name: _____
Number we can reach mother/guardian: _____
Email: _____
Father's/Guardian's Full Name: _____
Number we can reach father/guardian: _____

Emergency Contact:

Name: _____
Relationship: _____ Phone Number: _____

Activity Permission (please initial your approval):

- _____ My child may have his/her picture taken and used for publicity or news purposes.
- _____ My child has my permission to participate in the tween scene activities
- _____ In an emergency, if I cannot be reached, the YMCA has my permission to obtain medical Treatment for my child, call an ambulance or transport my child to the hospital at my expense.
- _____ I understand if my child does not follow the rules and behavior expectations it will result in loss of Tween scene privileges
- _____ I understand if my child does not follow the rules and behavior expectations will result in loss of computer lab privileges
- _____ I understand the Ymca computer lab will have internet access and even though parental controls are set it is ultimately my responsibility to ensure only appropriate and approved sites are accessed.
- _____ I understand that any printing done will incur a charge of 0.10¢ for black and white and 0.50¢ for color and will be billed to my member account.
- _____ I understand that I will be liable for any damage done to the equipment in the computer lab by my child.

Parent/Guardian Signature:

I am giving permission for the above mentioned child to participate in the Tween Scene program. I hereby accept any and all responsibility and assume the risk of any and all injury or damage to my person or dependent child which might arise directly or indirectly as a result of participation in the Tween Scene program. I hereby expressly release, discharge and hold harmless from any liability that whatsoever the YMCA and all employees and volunteers in their capacities of the YMCA (except for injuries caused intentionally by willful misconduct). I certify that I am familiar with the contents of this release and that I understand the same. It is my intention by signing this release that the same be binding not only on me but my heirs, administrators, executors, successors and assigns.

Parent Name (Please Print): _____

Signature of Parent of Guardian: _____ Date: _____