



WALLA WALLA YMCA – LEARNING CENTER

Hours of Operation and Schedules

PRESCHOOL & Toddler Center

YMCA Morning Session 7:45-11:30 AM

- 5 days: M-F
- 3 days: MWF
- 2 days: TTh

YMCA Afternoon Session 12:30-5:30 PM *Must attend morning session also.

- 5 days: M-F
- 3 days: MWF
- 2 days: TTh

BEFORE SCHOOL CARE

YMCA Before School Care 7:00-8:00AM

- 5 days: M-F
- For Edison, Green Park, Davis, Prospect Point, and Sharpstein students (others may inquire).

AFTER SCHOOL CARE

YMCA After School Care School Age and WWCF 2:40-5:30PM *Spots dependent on full-time enrollment.

- 5 days: M-F



WELCOME TO THE Y'S LICENSED CHILD DEVELOPMENT PROGRAMS

DCYF Provider ID: 1595234

SSPS Provider ID: 272597

2022-2023 School Year Rates:



| Programs | Hours | Monthly Rates | | |
|--|------------------------|---------------|---------|-------|
| | | M-F | M, W, F | T, Th |
| Toddler Care (ages 1-3 years)- Full Time (am/pm > 5 hours) NEW! | 7:45 a.m.– 5:45 p.m. | \$1,100 | \$825 | \$550 |
| Toddler Care Part Time (<5 hours) NEW! | 7:45 a.m. – 11:30 a.m. | \$784 | \$671 | \$426 |
| Preschool (ages 3-5) Part Time (<5 hours) | 7:45 a.m. - 11:30 a.m. | \$584 | \$386 | \$236 |
| Preschool Full Time (am/pm > 5 hours) | 7:45 a.m. - 5:30 p.m. | \$900 | \$540 | \$360 |
| After School Care -WWCCF | 2:45 p.m. - 5:30 p.m. | \$315 | N/A | N/A |
| School Age - Before School | 7 a.m. – 8 a.m. | \$75 | N/A | N/A |
| School Age - After School | 2:45 p.m. – 5:30 p.m. | \$ 315 | N/A | N/A |

\$10 charge for each late pickup for parents who can't get here by the selected program option above. Late fees added to the monthly invoice.

Notes:

1. **Preschool/Toddler Care** – Families enrolling children in Toddler and Preschool receive Y family membership at no cost for the duration that the child is in our programs through June 2023
2. **School Age (ages 5-12)** - We welcome School Age children to join us for activities and fun in our Afterschool program. Children enrolled in our school age programs receive a free youth membership for the duration they are enrolled in the program.
3. **Financial Support may be available.** Families are encouraged to apply through **Fair Start for Kids** (<http://www.washingtonconnection.org/home>). The Y also offers scholarships based on financial need, whether or not you qualify for Fair Start. Ask us about financial assistance!
4. These rates expire June 2023.
5. **Questions? Contact Morgan Packard (mpackard@wwymca.org) for registration or Araceli Orozco (aorocz@wwymca.org) for program support.** Call us at 509-525-8863.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Last Name, First Initial

Date

2022-2023 School Year Registration Form

YMCA Paquete de Registro del Año Escolar 2022-2023

**PRESCHOOL or
TODDLER CENTER**

SCHOOL AGE

Preschool

Before School

Toddler

After School

WWCF Afterschool

Full Day Half-Day M-F MWF T/TH

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact the Y. **Print completed registration form, sign all applicable pages & bring to your YMCA to complete registration.**

| Child's Information/ Informacion del nino/a: | | | | Member # |
|--|----------------|-------------------|-----------------------------------|----------|
| Child's Full Name/Nombre complete de nino/a | | | | Nickname |
| Address (include physical address and mailing address)/Direccion (Direccion de correo alternative, PO Box) | | | | |
| City/Ciudad | State/Estado | Zip/Codigo Postal | Home Phone | |
| School/Escuela de Asistencia | Grade Entering | Age | Date of Birth/Fecha de Nacimiento | |
| Other Schools/Programs Concurrently Attending | | | Gender/Genero | |
| Primary email address/Correo electronico | | | | |

Parent/Guardian and Medical information: In the event of an emergency, number in order of priority (1-4) which phone to contact. /**En el evento de una emergencia, por favor anote en orden de prioridad, a quien contactar telefono** Prioridad

| | | | |
|---|-----------------------------------|---|-----------------------|
| Parent/Guardian Name/Nombre de Padre | Date of Birth/Fecha de Nacimiento | Cell #/Email/Telephono/Correo Electronico | Priority |
| Address/Direccion | | | |
| City/Cludad | State/Estado | Zip/Codigo Postal | Home Phone/Telephono |
| Place of Employment/Lugar de Empleo | | | Work Phone/Telephono |
| Priority | | | |
| Parent/Guardian Name/Nombre de Padre | | | |
| Date of Birth/Fecha de Nacimiento | | | |
| Cell #/Email/Telephono/Correo Electronico | | | |
| Priority | | | |
| Address/Direccion | | | |
| City/Cludad | State/Estado | Zip/Codigo Postal | Home Phone/Telephono |
| Place of Employment/Lugar de Empleo | | | Work Phone/ Telephono |
| Priority | | | |

Emergency names, and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian: / Nombres de emergencia, dos numeros de telefono en caso si ustedes no estan disponibles:

| | | | |
|--|--------------|-------------------|--|
| Emergency Contact Name/Nombre del Contacto | | | Cell #/Email/Telefono/Correo Electronico |
| Address/Direccion | | | |
| City/Cludad | State/Estado | Zip/Codigo Postal | Home Phone/Telefono |

| | | | |
|--|--------------|-------------------|--|
| Emergency Contact Name/Nombre del Contacto | | | Cell #/Email/Telefono/Correo Electronico |
| Address/Direccion | | | |
| City/Cludad | State/Estado | Zip/Codigo Postal | Home Phone/Telefono |

Child's Medical Information / Informacion Medica del Nino

| | |
|--|---|
| Child's Doctor/Medico del nino | Doctor's Phone/Telefono del medico |
| Childs Doctor Address/Direccion del medico del nino | Medical Facility preference for Emergency Treatment/ Preferencia del centro medico para el tratamiento |
| Medical Insurance Provider/Proveedor de Seguro medico | Policy #/# de poliza |
| Child's last Physical Exam/Ultimo examen fisico del nino | |

| | |
|--|---|
| Child's Dentist/Dentista del nino | Dentist Phone/Telefono del dentista |
| Child's Dentist Address/Direccion del dentista | Dentist preference for Emergency treatment/Preferencia del dentista por el tratamiento |
| Medical Insurance Provider (if different from above)/Proveedor de Seguro (si es diferente de arriba) | Policy #/# de poliza |
| Child's last dental Exam/Ultimo examen dental del nino | |

Additional Information:

| |
|---|
| Authorized Person for pick-up (in addition to above parents/guardians and emergency contacts). Max of 8 people total. Personas autorizadas para recoger. Maximo 8 personas. |
| Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent). Personas que no estan autoizadas para recoger (la documentacion legal apropiada debe estar archivada cuando el padre con custodia solicita no entregar al nino al otro padre). |
| School and Child Care Centers previously attended |
| Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any? |
| Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary. |

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. **Sign-in/Sign-out sheets are available as you arrive at the program area.** (See other pick-up provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**

I have read and understand the statements above regarding YMCA policies and procedures.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

I have received a copy of the YMCA Parent Handbook which includes the bus policy. Copies are available at your Walla Walla YMCA.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

I have provided a copy of either my child's physical or immunization records.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

Statement of Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. **Assess your child's swimming abilities here:**
The YMCA reserves the right to assess your child before any swimming activities

| | |
|---|--|
| <input type="checkbox"/> NON-SWIMMER (unable to swim/no swim instruction) | <input type="checkbox"/> INTERMEDIATE SWIMMER (average swim ability) |
| <input type="checkbox"/> BEGINNER SWIMMER (some limited swim instruction) | <input type="checkbox"/> ADVANCED SWIMMER (skilled swimmer) |
3. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that your camper or anyone in the immediate household of the camper develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of **sunscreen** for his or her child by YMCA staff. (please note any adverse reaction to sunscreen of which you may be aware)
 Brand? _____

By signing below, you are authorizing all of the above.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

For office use only –

| | |
|-------------------------|-------------------------------|
| Date viewed | |
| Viewed by | |
| Date | |
| Date of birth | |
| Date Child Entered Care | Date Child Withdrew from Care |

BEHAVIOR AGREEMENT

At the YMCA we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at YMCA Summer Camp! Thank you!



- I will listen to the staff and follow their directions.
- I will respect other people’s belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. "Shut up," "Stupid," "Dumb," etc...)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other’s feelings by having a positive attitude when talking to them and not talking to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except **hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the program.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
| Camper’s Signature | Date |

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW
(Please Check Method of Payment)

CREDIT CARD AUTHORIZATION

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child’s camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

NAME AS IT APPEARS ON CARD: _____ CARD ISSUER: (Select One) AMEX MC
VISA DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE OF CARD HOLDER: _____

BILLING ADDRESS OF CARDHOLDER: _____

CITY: _____ STATE: _____ ZIP: _____

BANK DRAFT AUTHORIZATION

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child’s camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK _____ ACCOUNT NUMBER _____ TRANSIT/ROUTINGNUMBER _____

PLEASE PRINT NAME _____ SIGNATURE OF ACCT. HOLDER _____ DATE _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WALLA WALLA YMCA ("YMCA") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian Date
of Participant(s) under the Age of 18

Name(s) and Age(s) of Participant(s) under the
Age of 18, If Any



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUR CHILD/FAMILY INFORMATION

| | | | | | |
|--|--|--|---|---|--|
| Child's Full Name: Please write down any names your child goes by. | | Child's DOB: Age when child is entering Y Program: | | Name of any past preschool/daycare: | |
| Child's Race & Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American Hispanic or Latino? Y N | | | Child's Gender: | Please list any behavioral or developmental matters staff should be aware of: | |
| Anything we should know about your child: <small>(likes/dislikes; food, behavioral, developmental, health, linguistics, cultural, social or other information that you can share; parents together/separated etc.) Please feel free to attach a letter or note with additional information. The more we know about your child and their environment the more likely your child will succeed in our YMCA program.</small> | | | | ALLERGIES: <small>PLEASE NOTE — If your child has an allergy that requires a specific diet, or takes medication, parent/guardian must also complete a medical authorization form and/or an individual care plan. Please ask YMCA administration about this.</small> | |
| What is normal bedtime, waking time, nap time and duration? | | | Are there any special problems or fears that we should know about? | | |
| If your child is upset at home or having a hard time, what do you do to calm him/her down? | | | What would you like your child to gain from the program experience? (social, academic, routines) | | |
| Family Information — Please fill out to best of your ability. | | | | | Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Other: _____ |
| Father: _____ | | Present Occupation: _____ | | Lives with Child? Y N | |
| Mother: _____ | | Present Occupation: _____ | | Lives with Child? Y N | |
| Name: _____ | | Relation: _____ | | Lives with Child? Y N | |
| Name: _____ | | Relation: _____ | | Lives with Child? Y N | |
| Name: _____ | | Relation: _____ | | Lives with Child? Y N | |
| Any family willing to volunteer time? Share a hobby or profession, read a book, etc! | | | | | |



PARENT/GUARDIAN AGREEMENT

By signing this form, you agree to comply with the Walla Walla YMCA Learning Center, guidelines and information as provided in the Center Handbook and Parent Packet.

Please return this agreement to the Director of Child Development.

Childs Name:

| |
|------------|
| Full Name: |
|------------|

Signed (both parents/guardians must sign):

| |
|------------------------------|
| Parent/Guardian-Sign & Date: |
| Parent/Guardian-Sign & Date: |



TOOTHBRUSHING

WA state requires full day childcare programs to offer toothbrushing.

If your child brushes their teeth, we will provide a small paper cup with water and a toothbrush, no toothpaste will be provided. They will clean their teeth after lunch, before going out to recess.

If your child does not brush their teeth, then after lunch they will go straight out to recess.

TOOTHBRUSHING

Please circle an option below and then sign:

1. I would like my child to brush their teeth at Preschool.
2. I would not like my child to brush their teeth at Preschool.

| |
|----------------------------|
| Parent/Guardian Full Name: |
| Parent/Guardian Signature: |
| Today's Date: |

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the Walla Walla YMCA (the "YMCA") and/or for my children listed below to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, including virtual online programming, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies, including the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for slowing the transmission of communicable infectious diseases, including but not limited to COVID-19, and, including, without limitation, implementing signage and sanitation protocols and procedures within the YMCA's premises.

The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA.

The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to communicable infectious diseases, including but not limited to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they 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 whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO AN INFECTIOUS DISEASE AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

| | | |
|---------------------------|------------------|-------------|
| Primary Adult Name | Signature | Date |
|---------------------------|------------------|-------------|

| | | |
|-----------------------------|------------------|-------------|
| Secondary Adult Name | Signature | Date |
|-----------------------------|------------------|-------------|

Name(s) of minor child(ren) I am responsible for:
