

By providing my signature below, I agree to the following: YMCA-USA Medical Advisory committee encourages parents and youth participating in YMCA programs to have their children screened for the purpose of (1) determining the general health of the child, (2) Detecting medical or musculoskeletal conditions that may predispose a child to injury or illness during participation, and (3) detecting potentially life-threatening or disabling conditions that may limit a child's participation. Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise.

I, the undersigned, do understand that upon the Gallatin Valley YMCA facilities and/or programs and/or services that I hereby assume all risks for the behavior, actions, and safety of myself and/or my minor child while involved in YMCA programs and activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, for loss of damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I also understand the YMCA does not provide insurance coverage for participants in any YMCA program.

In the event that my child should become injured or ill while participating in YMCA activities, I hereby authorize the staff to act on my behalf and consent to any necessary medical examination, emergency service, diagnosis, treatment and/or care rendered to my child on the advice and under the supervision of any licensed physician or dentist. I hereby assume all financial responsibility for any injuries or illnesses that might be sustained while participating in the YMCA programs.

While on the premises of the Gallatin Valley YMCA facility or enrolled in any Gallatin Valley YMCA programs, I/my family members agree to act with Caring, Honesty, Respect and Responsibility.

PHOTOGRAPHY/VIDEO POLICY: As the Legal Guardian to said individual I hereby give my permission and consent, now and for all time, to the Gallatin Valley YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however I shall not be stated by name to have endorsed any particular commercial products or commercial services.

CANCELLATION POLICY: All cancellations must be made in writing or via email. For all *Summer Camp Programs*, cancellations must be made 2-weeks prior to the beginning of camp. A cancellation made 2-weeks prior to camp will receive a refund or credit minus the non-refundable/non-transferable \$25 deposit. Cancellations made less that 2-weeks from the start of camp will forfeit the entire fee for camp. Payment of a payment plan must be set up at least 2-weeks before camp begins. If camp is not paid or a payment plan is not set up 2-weeks before camp begins, your child will not be able to attend camp and the balance owed will remain on account until paid. For *all other YMCA Programs*, cancellations made 48-hours prior to the program will receive a refund minus a \$10 processing fee per person or a credit minus a \$5 processing fee per person. Cancellations with less that a 48-hour notice, will forfeit the entire fee of the camp/program.

Send cancellations to: info@gallatinvalleymca.org or mail to PO Box 10158, Bozeman, MT 59718

I have read and understand this agreement and release of liability, and do voluntarily agree to sign.

I am the Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Legal Guardian: _____ Date: _____

