

Medical Waiver / Image and Video Promotional Release / Cancellation Policy

I hereby certify that _____ is physically capable of participating in the after school activities at the YMCA of Saginaw, herein referred to as 'the Y'. I realize that participating in this program involves vigorous activities. I further assert my understanding of certain inherent risks involved in such activities and regardless of the precautions taken by the Y or the participants; I realize that some injuries may occur. I release and hold the Y harmless from any liability for physical or other injury or harm suffered by or as a consequence of his/her participation in the YMCA program.

I also realize that participants in the Y programs are sometimes photographed and/or videotaped for use in the Y promotional and educational materials. I authorize the Y to record and photograph my image and/or voice for use by the Y or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Signature of Parent/Legal Guardian

Date