



Assumption of Risk and Waiver of Liability

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY!

In consideration of the YMCA of Newfoundland and Labrador (“**YMCA-NL**”) permitting the individual named below (“**I**” or “**me**”) to participate in _____ (the “**Activities**”), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement (this “**Agreement**”).

1. **ASSUMPTION OF RISKS.** I am aware and understand that the Activities involve many risks, dangers, and hazards, including but not limited to the risk of serious injury, death, or property damage. I acknowledge that I am voluntarily participating in the Activities. I freely accept and fully assume any and all of the risks, dangers, and hazards involved and the possibility of injury, death, or property damage.
2. **WAIVER OF LIABILITY.** I, for myself and on behalf of my heirs, assigns, personal representatives, and next-of-kin, hereby expressly waive and release any and all claims which I have or may in the future have against YMCA-NL, its affiliates, and their respective directors, officers, employees, agents, representatives, shareholders, successors, and assigns (collectively, the “**Releasees**”) arising out of or attributable to my participation in the Activities, due to any cause whatsoever. I agree not to make or bring any such claim against YMCA-NL or any other Releasee, and forever release and discharge YMCA-NL and all other Releasees from liability under such claims.
3. **SEVERABILITY.** If any term or provision of this Agreement is held to be invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction.

I acknowledge that I have read and understand all of the terms of this Agreement.

Participant (please print): _____

Participant Signature: _____

Parent’s Signature (if Participant is under the age of eighteen): _____

Date: _____

Witness: _____

Date: _____



Signature

_____ I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability and Waiver of Claims.

Parent/Guardian

Date

Signature