

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

PARENT NAME: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Other: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

IN CONSIDERATION of being permitted to utilize the facilities, including the climbing wall services and programs of The Family YMCA (and for my children to so participate) for any purpose, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with The Family YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into The Family YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FAMILY YMCA 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 FAMILY YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE The Family YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with The Family YMCA.
2. 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 or such children in, upon or about The Family YMCA premises or in any way observing or using any facilities or equipment of The Family YMCA or participating in any program affiliated with The Family YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of The Family YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with The Family YMCA.
4. PHOTO RELEASE I understand that images, video and audio is often used by The Family YMCA for promotional purposes. I hereby give my permission and consent, now and for all time, for The Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with The Family YMCA 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 at The Family YMCA, for publication, display, or exhibition thereof in promotions, advertising 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.
5. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations, including The Family YMCA, in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and participation in YMCA programs, and from any liability for other claims, including loss of property, to the fullest extent of the law.

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 New Mexico 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 READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

## **Informed Consent for Exercise Participation**

### Voluntary Participation

I wish to participate voluntarily in exercise activities and/or programs at The Family YMCA exercise facilities. My purpose is to maintain or improve my personal health and fitness. I understand that moderate exercise, when gradually increased in intensity, along with appropriate exercise guidance is recommended and safe for most people. I understand that qualified YMCA staff is available to assist me in learning to use exercise equipment safely. Qualified staff is also available to consult with me about my personal exercise program and special fitness objectives or limitations. If I choose to use equipment within the YMCA facility I understand I must obtain instruction on using the YMCA's equipment or assume responsibility myself if I choose to waive this right. The YMCA will not be held liable for injury or damage.

### Medical Evaluation

I understand that it is advisable to obtain a medical evaluation and my doctor's approval prior to initiation of exercise if I meet any of the following risk criteria:

1. I do not regularly perform vigorous exercise, and I plan to begin vigorous exercise, AND
2. I am above age 40 and male or above age 50 and female OR
3. I have two or more coronary risk factors, i.e.,
  - Diagnosed high blood pressure
  - Total serum cholesterol greater than or equal to 240 mg/dl
  - Cigarette smoking
  - Diabetes mellitus
  - Family history of coronary or other atherosclerotic disease in parents or siblings (prior to age 55);OR
4. I have any major symptom or sign suggestive of cardiopulmonary or metabolic disease, i.e.
  - chest pain
  - dizziness
  - swollen ankles
  - known heart murmur
  - irregular or rapid heart rate
  - leg or arm pain with exercise
  - unaccustomed shortness of breath
  - shortness of breath when lying down or late in the day

### Exercise Risk

I understand that the risk of injury to the musculoskeletal system, and in rare instances occurrences of heart attack or death, are somewhat increased during exercise. However, these risks must be compared to the overall lower death rates of physically active people.

### Participant Responsibilities

I understand that I am responsible for monitoring my own condition at all times. If, during exercise, unusual symptoms occur I will cease my participation and inform the instructor or staff of my symptoms. If such unusual conditions occur, I will be encouraged to visit my doctor for further evaluation. If indicated, YMCA staff will contact Emergency Medical Service (911), and I give my permission to do so.

I agree that I will not use this facility while under the influence of alcohol or other drugs or while experiencing any condition (medical, psychological or chemical) that might impair my ability to make safe and sound judgments affecting my safety and the safety of other participants.

In signing this consent form I affirm that I have read this document in its entirety; all of my questions have been satisfactorily answered, and I understand what I have read. I agree to fully assume my responsibilities which include making arrangements for an appropriate medical evaluation if indicated by the criteria set forth in this document.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to The Family YMCA.

I understand that YMCA staff is not allowed to baby-sit or transport children outside of the YMCA program. The YMCA will take immediate disciplinary action for violations.

I understand that I am not to leave my young child(ren) under the age of 13 at the YMCA or program site unless a YMCA staff member is there to receive and supervise my child.

I understand that my child under the age of 13 will not be allowed to leave the program with an unauthorized person. Authorized individuals must either be listed with the YMCA or I must present photo identification to YMCA staff to make any changes to Authorized individuals.

I understand that YMCA staff is required to ask for photo identification until they learn who is authorized to pick up my child.

I understand that if a person who appears to be under the influence of drugs or alcohol arrives to pick up my child, staff may have no recourse but to contact the police for the child's safety.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I am aware that I have access to a copy of the YMCA Handbook or Information Sheet/Parent Policies and Procedures which can be found on The Family YMCA website: laymca.org. Please refer to these YMCA Program Policies. Your signature below indicates that you have read them and that you understand the statements above.

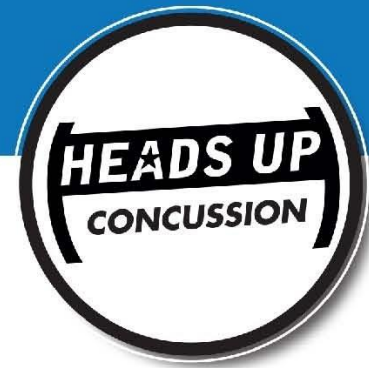
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Parent/Guardian Signature

Date

COPY OF STATEMENT TO BE FILED WITH CHILD'S RECORDS.

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

## PARENT INFORMATION ABOUT THE FAMILY YMCA CHILD ABUSE PREVENTION POLICIES

In order to help protect children from the possibility of abuse, The Family YMCA has adopted the following policies:

1. The Y performs a criminal record background check on all staff (volunteer and salaried) that work, or could have the opportunity to work with children.
2. The Y trains all staff in child abuse prevention.
3. Registered and/or convicted sex offenders are not allowed employment, membership, participation in programs, entry onto Y property, or to loiter in the vicinity of programs and activities.
4. The Y executive director or their designee will check monthly the New Mexico Registered Sex Offenders list maintained by the New Mexico Department of Public Safety and will report any new registrants who live in Los Alamos County to Y staff.
5. Parent/guardian sign-in and sign-out procedures are required for all participants ages 12 and under.
6. All participants will be required to show photo identification the first time they register for a program. Verification of participants will be annotated in the Y's computer system.
7. All staff must wear an ID provided by the Y.
8. All staff and participants entering the facility must scan a membership card, wear a staff badge, or sign in and out at the front desk. Parent/guardian may sign in for youth ages 12 and under.
9. Program directors or WCRs must have parents/guardians of participants ages 12 and under read and sign the "Parent Statement of Understanding" form, to be returned and filed with the child's records.
10. Staff can only release participants ages 12 and under to people authorized by the parent/guardian.
11. Parents/guardians are encouraged to observe their children during Y programs and to visit programs unannounced at any time. Some instructors may require a parent/guardian of participants ages 12 and under to be present during the class or activity, and may set an observation boundary in order to maintain a teaching atmosphere.
12. Staff is prohibited from one-on-one contact with program participants. If this cannot be avoided (i.e., a parent late picking up a child), the staff member and participant will move to an open and public view.
13. Contact outside of Y programs is not allowed between staff and participants under the age of 18 unless a Parent Release Liability is filed at the Y.
14. The Y will not release a child to an authorized person whose judgment appears to be impaired. If the authorized person removes the child from the program, the Y will notify Los Alamos Police Department.
15. Under New Mexico state law, all suspected child abuse must be reported.