

YMCA OF HARRISON COUNTY LIABILITY WAIVER AND CODE OF CONDUCT RELEASE FORM

LIABILITY WAIVER

In consideration of participating in YMCA of Harrison County activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising form negligence the YMCA of Harrison County and its owners, directors, officers, staff members, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- I acknowledge that participating in YMCA of Harrison County activities involves known and
 unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability,
 death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments, or
 other injuries as a result of falls or contact with other participants; death as a result of drowning or
 brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting
 from physical activity; and damaged clothing or other property. I understand such risks simply cannot
 be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of
 activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participating in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should the Releasees or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs of, all risks that my be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so in the state where the Releases' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am injured/hurt or my personal property is damaged during my participating at the YMCA of Harrison County, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

My signature constitutes that I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I also understand that failure to sign and agree to this document could restrict or limit my access to the YMCA of Harrison County and its programs and activities.

Printed Name	Signature	Todav's Date

CODE OF CONDUCT

YMCA of Harrison County staff, employees, volunteers, members, participants, and guests are to act appropriately and maturely, behave responsibly and respect others. Our Code of Conduct outlines prohibited action, but is not an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in our programs.

- Use or possession of alcohol, tobacco or illegal chemicals is prohibited on YMCA of Harrison County property or at sponsored programs.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person; and wearing
 inappropriate, immodest or sexually revealing attire including but not limited to sports bras, revealing of
 nipples, genitals, and/or buttocks.
- Theft or behavior that results in the destruction or loss of property.
- Loitering within or on the grounds of the YMCA of Harrison County.
- Use of video recorders, cameras or any other visual recording devices in the restrooms or locker rooms or using one of these devices inappropriately.
- Individuals who have been convicted of any crime involving sexual abuse, is or has been a registered sex
 offender or is presently under the influence of dangerous drugs or chemicals, narcotics or intoxicating
 beverages.

My signature constitutes that I have had sufficient time to read this entire document and that I agree to uphold the YMCA of Harrison County's Code of Conduct. I understand that any violation of this Code of Conduct may result in suspension or termination of membership, program participation and/or visiting privileges to the YMCA of Harrison County.

PLEASE COMPLETE THIS INFORMATION FOR OUR RECORDS

First Name		Middle Initial	Last Name			
Date of Birth	Age	Phone Number		N	Male Female	
Address			City	State	Zip Code	
Emergency Contact N	lame		Emergency Contact Phone Number			
Parent's/Guardian's N	Name (guests under 18)	Parent's/Guardian's	Phone # (guests	under 18) Paren	t's/Guardian's DOB	
Signature			Today's Date			
PLEASE COMPLET	E FOR MINOR CHILDR	EN IF ATTENDING	WITH ADULT	GUEST		
First Name	Middle Initial	Last Name		Date of Birth	Gender	
First Name	Middle Initial	Last Name		Date of Birth	Gender	
FOR STAFF USE ONLY						
Unit # ID	Checked Nat. Sex Off	Reg. MyCase	Registered	 Date	Staff Initials	