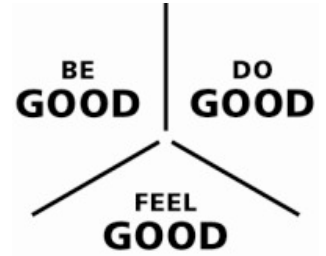


**PERMISSION SLIP AND/OR WAIVER OF RESPONSIBILITY
Used when a parent cannot participate in an activity**



Activity: _____ Location: _____

Departure Date: _____ Return Date: _____ Activity Leader: _____

Name of Child: _____

Name of Adult Taking Responsibility: _____

PARTICIPATION WAIVER for my daughter, namely: _____ of the _____ tribe

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the 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 YMCA, the undersigned, for himself or herself 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 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.

Furthermore, In consideration of the benefits to be derived, and since the YMCA is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my daughter, named above on the activity identified above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the YMCA Bethesda-Chevy Chase, the Chincoteague Nation and my daughter's Tribe.

Upon an emergency, illness, or accident during the activity identified above, I understand every effort will be made to contact me. In the event that I cannot be reached in a timely manner and our own doctor is not readily available, the responsible adult identified above has my permission to obtain without delay medical treatment as judgment of medical personnel dictates. Proper medical treatment may include hospitalization, anesthesia, surgery, or injections of medication for my daughter.

IN FURTHER CONSIDERATION OF BEING PERMITTED PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, 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, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the 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 in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the 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 due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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 Maryland 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.

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____

Signature of Responsible Adult: _____ Date: _____

EMERGENCY INFORMATION: Girl's Name _____

During the activity identified above, We/ I can be contacted at the following phone/ locations:

(_____) _____ / _____ or (_____) _____ / _____.
phone / location phone / location

If we/ I cannot be reached, please contact: *(name)* _____ at (phone) _____

(relationship to girl) _____

Child's physician _____ Phone: _____

Child's Allergies: _____

Child's Currently prescribed medication: _____

Instructions for dispensing this medication: _____

Do you want the responsible adult to carry this medication? no yes

(Please have medication clearly marked and preferably in original container clearly marked with girls's name)

Tetanus Shot: Date of last tetanus shot or booster: _____

Family Medical Insurance: Company: _____ Policy # _____ Group # _____

Notes: