



YMCA Balsillie Family Branch Birthday Party Waiver Form

**FORM MUST BE COMPLETED
FOR EACH PARTICIPANT**

**EACH PARTICIPANT IS
REQUIRED TO WEAR SOCKS**

Date of Party Attending: _____

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Emergency Phone: _____

Email: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I, the parent/guardian of the above applicant, hereby release, discharge, covenant not to sue, and agree to indemnify, save and hold harmless the YMCA of Central East Ontario, its members, directors, officers, employees, agents, volunteers and independent contractors from any and all actions, causes of action, claims, demands, prosecutions and remedies for any and all losses, damages, injuries and expenses arising out of my child's participation in any and all YMCA of Central East Ontario, Balsillie Family Branch birthday party activities (Treehouse, Gym Activities, Pool).

Parent/Guardian Name: _____ Signature: _____ Date: _____



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