



# WEDNESDAY MORNING PROGRAM

## Peninsula School District | Elementary Schools

The Y is committed to helping our youth learn, grow, and thrive by making the Wednesday Morning Program available to every Peninsula School District Elementary school child at no charge.

During the hour of collaboration time, students experience thirty minutes of physical activity and programming focused on values of caring, honesty, respect, and responsibility help your child have fun while improving their health and wellness.

### Peninsula School District | Elementary Schools: Wednesdays, 8:45-9:50am

Please bring active wear and non-marking athletic shoes. (No black shoes or rollers)

Please print clearly. Form is incomplete until waiver is signed on the back.

| PARTICIPANT(S) INFORMATION:   |                    |  |        |
|---|--------------------|--|--------|
| Child's First Name:   | Child's Last Name: | Date of Birth:   | Grade: |
| Child's First Name:   | Child's Last Name: | Date of Birth:   | Grade: |
| Child's First Name:   | Child's Last Name: | Date of Birth:   | Grade: |
| Child's First Name:   | Child's Last Name: | Date of Birth:   | Grade: |
| Parent/Guardian Full Name:  |                    |  |        |
| Phone:  |                    | Email:   |        |
| Address:  |                    | City:  | Zip:   |
| <b>School Attending in 2019-2020:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Artondale</li> <li><input type="checkbox"/> Discovery</li> <li><input type="checkbox"/> Evergreen</li> <li><input type="checkbox"/> Harbor Heights</li> <li><input type="checkbox"/> Minter Creek</li> <li><input type="checkbox"/> Purdy</li> <li><input type="checkbox"/> Vaughn</li> <li><input type="checkbox"/> Voyager</li> </ul> |                    | <b>Participant is a:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> YMCA Member</li> <li><input type="checkbox"/> YMCA Child Care Participant</li> <li><input type="checkbox"/> Community Member</li> </ul> |        |

Please return registration/waiver forms to YMCA staff at your school site on Wednesday morning or to the YMCA Child Care Business Office. Please do not return the form to your school office.

P 360-813-1813 F 360-627-9047

| FOR OFFICE USE ONLY                |   |                                 |
|------------------------------------|---|---------------------------------|
| DATE SENT TO CC OFFICE/STAFF NAME: | NEED COPY FOR SITE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATE ENTERED IN DAXKO/INITIALS: |

**YMCA OF PIERCE AND KITSAP COUNTIES**  
**MEMBER RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA of Pierce and Kitsap Counties (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 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER 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 HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, 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 damages, 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 ordinary 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.

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 ordinary negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary 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 Washington 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 give the YMCA permission to use photographs of my child in YMCA records, program projects, marketing and public relations.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

All Peninsula School District Rules apply.

**Life-Threatening Illness:**

- My child has a life-threatening illness.**
- I give permission to YMCA of Pierce and Kitsap Counties to access my child's health care plan from Peninsula School District.**

**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.**

\_\_\_\_\_  
**Parent's or Guardian's Signature**

\_\_\_\_\_  
**Date**