



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WAIVER & RELEASE

Name (print): _____

Address: _____

Zip: _____ Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____

I acknowledge there are risks involved in participating in cycling activities, such as road hazards, traffic and weather conditions, and I understand we may be riding on open streets, where we have no control over other vehicles.

I agree that the Wabash County YMCA - its volunteers, employees, and trustees - shall not be liable for any injury to me during rides I take with them.

Signature: _____ Date: _____

RELEASE AND CONSENT _____ By my initials I give permission to the Wabash County YMCA to use my image, voice or words for the purpose of promoting its mission.

FAMILY MEMBER, GUARDIAN, OR POWER OF ATTORNEY (for those under 18 years of age or those unable to complete the waiver)

Name (print): _____

Relationship: _____ Phone: _____

Signature: _____ Date: _____

Internal use only

Item

date complete

staff initials

Volunteer Application and Background Check Complete

Training Completed
