



Greater Johnstown Community YMCA
100 Haynes Street
Johnstown, PA 15901
814-535-8381

GREATER JOHNSTOWN COMMUNITY YMCA
ADULT / TEEN BASKETBALL
WAIVER OF LIABILITY

Player Name _____

Address _____

Phone _____

Team (if applicable) _____

In consideration of your accepting my participation in this league, I the below signed intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I may have against The Greater Johnstown community YMCA and their representatives, successors and assigns, for any all claims or liabilities of any kind arising out of my participation in this program. I assume all risks associated with my participation including, but not limited to, playing surface conditions, behavior of participants, staff/works and observers, and travel to and from practices and schedule games. Any and all accident insurance will be provided by individual participants. Further, I hereby grant full permission to any and all of the aforementioned parties to use my name, likeness and voice in any and all multimedia form.

Parent/Guardian or Participant Name (printed)

Parent/Guardian or Participant Signature

Date

*If under the age of 18 this form must be signed by a parent or legal guardian.
This form must be completed in full and signed before participation in program.*