



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

**GREATER JOHNSTOWN COMMUNITY YMCA**  
**LACROSSE**  
**WAIVER OF LIABILITY**

Player Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Team (if applicable) \_\_\_\_\_

In consideration of your accepting my or my child's 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 or my child's 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 must be signed by a parent or legal guardian.  
This form must be completed in full and signed before participation in program.*