

**PROJECT FRIENDSHIP DAY PASS**  
**Northfield Area Family YMCA**



Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Northfield Area Family YMCA Waiver:**

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses sustained as a result of any physical condition or resulting from participation in any YMCA program or activity. I expressly acknowledge on behalf of my minor children and family members and heirs that I assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my family may suffer as a result of participating in these activities. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.

Signature (Parent/Guardian If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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