

## YWCA MCLEAN COUNTY Hold Harmless Agreement

ALL PERSONS MUST COMPLETE THE FOLLOWING RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES OR ANY OTHER OFFSITE LOCATION.

(Please keep a copy of this form within each person's file for future reference)

### LOCATION Information

LOCATION Name:	YWCA MCLEAN COUNTY			
	Street	City	State	Zip
LOCATION Address:	1201 N Hershey Road	Bloomington	IL	61704

### Personal Information

Person's Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Person's Phone Number:	(Home): (     ) -     -	(Work): (     ) -     -		
	Street	City	State	Zip
Person's Address:	_____	_____	_____	_____
e-mail address:	_____			

### RELEASE

I acknowledge there are certain inherent risks at the above location, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of YWCA MCLEAN COUNTY staff. I represent that I am physically able, with or without accommodation, to participate in the \_\_\_\_\_

Should I require emergency medical treatment as a result of accident or illness arising during the specified work, I consent to such treatment. I acknowledge that YWCA MCLEAN COUNTY does not provide health and accident insurance for \_\_\_\_\_, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify YWCA MCLEAN COUNTY staff in writing if I have medical conditions about which emergency medical personnel should be informed.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Name (print): \_\_\_\_\_  
Signature: \_\_\_\_\_

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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