



DAVIESS COUNTY FAMILY YMCA  
405 NE 3<sup>RD</sup> ST  
WASHINGTON, IN 47501

(812) 254-4481

"THE BETTER WEIGH PROGRAM"

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
(Last) (First)

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

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

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FOR OFFICE USE

Team Members: \_\_\_\_\_

Team Code: \_\_\_\_\_

Notes: \_\_\_\_\_

(OVER)

## WAIVER OF LIABILITY AND DISCLAIMER

To induce the Daviess County YMCA to accept registration and permit participation in the DCYMCA program by the named individual, I hereby agree to release, indemnify, and hold harmless the DCYMCA, its officials, and representatives from any claim arising out of injury to named individual. I also hold harmless the DCYMCA, its officials, and representatives from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs. It is highly recommended that a physician is seen before starting this or any exercise program.

### AGREEMENT

1. I hereby certify that the named individual is in normal health and capable of safe participation in this program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Y to obtain medical treatment for the named individual in the event that the emergency contact cannot be reached.
2. I support the philosophy and core values, which are CARING, HONESTY, RESPECT AND RESPONSIBILITY.
3. Yes No Do you have any chronic ongoing illness \_\_\_\_\_
4. Yes No Are you under doctor's care for an illness? If yes, what? \_\_\_\_\_

I understand that I must weigh in weekly. If you miss two weigh ins in a row, my team will not be eligible to receive a refund for the program or prizes. Exceptions will only be made in extraordinary circumstances.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)