

# MILILANI YMCA 2018 SPLASH DASH

## YMCA Photo Release Waiver Release of Liability Waiver

The YMCA of Honolulu has my permission to use my, and /or my child's photograph, video, artwork, profile and/or story and any likeness in any of its publications, web pages, and other promotional materials produced, used by and representing the YMCA of Honolulu. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Participant's Name Printed

Participant's Signature

Date

\*Parent's/Guardian's Name Printed

\*Parent's/Guardian's Signature

Date

(\* Parent/Guardian must sign for youth participant.)

## Release of Liability Waiver

In consideration of participating in the YMCA event, I hereby release and covenant not to sue the YMCA, it's owners, it's employees, or agents (herein after collectively referred as "YMCA"), from and all present and future claims, resulting from ordinary negligence on the part of the YMCA or other listed for loss, damage, or theft of personal property, personal injury, or death, arising as a result of engaging in any YMCA activities or any activities incidental thereto, where ever, whenever, or however the same occur. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal forces and effect.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up any and all legal rights and/or remedies that may be available to me for the ordinary negligence of the YMCA or any parties listed above.

Participant's Name Printed

Participant's Signature

Date

\*Parent's/Guardian's Name Printed

\*Parent's/Guardian's Signature

Date

(\* Parent/Guardian must sign for youth participant.)

## My Donation

Yes, I would like to support the Annual Support Campaign by making a donation of: \$\_\_\_\_\_.

I want to make my donation by

Cash

Check

Credit Card: MC VISA AMEX DISCOVER

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC #: \_\_\_\_\_