

**CONSENT AND GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS YMCA**

This signed form is required for each Diver. Bring the signed forms with you to registration.  
Do not fax these forms to the Meet Director

**YMCA Association #:** \_\_\_\_\_  
**YMCA** \_\_\_\_\_

**Check the applicable box:**

\_\_\_\_\_ I, the parent/legal guardian of \_\_\_\_\_, do hereby give my approval of his/her participation in the 2010 NATIONAL YMCA DIVING CHAMPIONSHIPS to be held at the Fort Lauderdale Aquatic Complex, 4/15/2010 - 4/18/2010 and agree to the terms below.

\_\_\_\_\_ I, \_\_\_\_\_, state that I am at least 18 years of age and I wish to participate in the 2010 NATIONAL YMCA DIVING CHAMPIONSHIP to be held at the Fort Lauderdale Aquatic Complex, 4/15/2010 - 4/18/2010 and agree to the terms below.

I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify and hold harmless the YMCA of USA, City of Ft Lauderdale and Ft Lauderdale Aquatics, the organizers, sponsors, supervisors, volunteers and officials, their agents, representatives or assigns. I understand that this event may be webcast and I grant to YMCA of the USA or its assignees the unlimited, irrevocable and worldwide right to distribute, publish, broadcast, digitize, reproduce and otherwise use, in whole or in part, my name, image, picture, likeness, voice, interviews, and biographical information, in any and all languages, in any and all media or formats and for advertising and promotion anywhere and at any time. I hereby waive all claims against the YMCA of USA, City of Ft Lauderdale and Ft Lauderdale Aquatics, the organizers, the sponsors, supervisors, volunteers, officials, their agents, representatives or assigns, for any injury to myself if I am at least age 18, / to my child (as applicable) any loss due to theft of or damage to my personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the event organizers and the conduct of this event.

I further state there is no medical condition which I have/my child \_\_\_\_\_ has that would prevent me/him/her from participating in this event.

\_\_\_\_\_  
Signature of parent or guardian or Participant if age 18 or over Date

\_\_\_\_\_  
Printed Name

**REQUIRED TO PARTICIPATE IN THE MEET**