



# Mission Meltaway Registration Form

Mondays, 7-8 PM, July 5 – August 23, 2010



Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

### Fees

YMCA Member (\$8)     Potential Member (\$20 – includes FREE one month YMCA membership)

Register at the Jamestown YMCA front desk or online at [www.jamestownymca.org](http://www.jamestownymca.org).

It's time to change your life,  
one bite and step at a time!

### RELEASE and INDEMNIFICATION

The Young Men's Christian Association of Jamestown's Mission Meltaway program involves physical activity. In consideration of being allowed to participate in this program, I hereby expressly assume all risks, including personal injury and death, arising in anyway out of my participation in the YMCA's Mission Meltaway program and related activities.

I understand that I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this program and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other condition which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the YMCA, its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in this program and related civilities—whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State in which the program is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of the Agreement.

\_\_\_\_\_  
Participant's Signature

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

\_\_\_\_\_  
Date

Please return completed registration form with payment to  
Jamestown YMCA, 101 E. 4<sup>th</sup> Street, Jamestown, NY 14701  
**no later than Friday, July 2, 2010.**

OFFICE USE:

Please put in Meg's box

DATE \_\_\_\_\_ AMT. PD \$ \_\_\_\_\_

RECEIPT# \_\_\_\_\_ INITIALS \_\_\_\_\_