



**South Sound YMCA
Briggs Community Branch
2008 STEPS THAT COUNT IV Registration Form**

Name _____ Steps Team Name _____
 Address _____ City _____ Zip 985 _____
 Phone _____ Birth date _____
 Email address _____
 Emergency Contact _____ Day phone 360- _____ Cell 360- _____
 Emergency Contact _____ Day phone 360- _____ Cell 360- _____

As a participant in the STEPS That Count IV program, I agree to the following:

- 1) Receive, fill out, and return a pre-program survey and a post-program survey.
- 2) Wear the provided pedometer a *minimum* of three days per week, track steps on a weekly basis and submit results weekly to team captain or program liaison.

Signature _____ Date _____

RELEASE AND WAIVER OF LIABILITY: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the South Sound YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the South Sound YMCA, except for injuries caused intentionally, or by willful misconduct.

PROPERTY LOSS: I understand that the YMCA is not responsible for a participant's personal property that is lost, damaged or stolen during the course of a YMCA program.

INSURANCE: I understand that it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in YMCA activities. The South Sound YMCA does not provide any accident and health insurance for its participants.

MEDICAL RELEASE: I authorize the South Sound YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or I am otherwise unable to give such consent. I authorized the South Sound YMCA to give first aid, CPR or other treatment by a qualified staff member.

MEDICAL CLEARANCE: If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete a Health Screen Form which may obtained from the Member Services Desk: 1) Have you ever been informed you that you have high blood pressure? 2) Have you had a heart attack, heart surgery or any type of heart problem?
 3) Do you have any serious orthopedic problem? 4) Are you pregnant? 5) Is there any reason why you believe you should not engage in exercise?

PHOTOGRAPHS: I authorize the South Sound YMCA to have and use photographs of my child/children or myself as may be needed for its records or public relations projects.

ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.

Signature _____ Date _____