



GYMNASTICS CENTER (Birthday Party Participant Waiver) **644 Danbury Road Wilton, CT 06897**

I understand that the Wilton Y Gymnastics Center assumes no responsibility for injuries or illnesses which I may sustain as a result of physical condition or resulting from participation in any programs or activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in any activities. I hereby release and discharge the Wilton Y Gymnastics Center, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in any activities or while on the Y premises.

In an emergency, I authorize the Wilton Y Gymnastics Center to administer first aid by trained staff and to obtain emergency medical treatment for me. I understand the Wilton Ambulance Corp will be contacted for transportation to the Norwalk Hospital Emergency Room. I accept responsibility for all fees incurred in the care and transportation.

I understand that the Wilton Y Gymnastics Center is not responsible for personal property lost or stolen while members and/or program participants are using the Y facilities or on Y premises.

I acknowledge this Agreement and accept the Membership/Guest Policies set forth above and on the Riverbrook Regional YMCA website. www.wiltonymca.org

PLEASE PRINT CLEARLY

DATE _____

YOUR CHILD'S NAME: _____

GUARDIAN'S NAME: _____

GUARDIAN'S SIGNATURE: _____

EMERGENCY PHONE # _____