



**Altavista YMCA Push/Pull/Curl
REGISTRATION/WAIVER**

Please Print

Name of Participant (First & Last): _____ Age: _____

Street Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip: _____

Phone: _____ (circle all participating events) BENCH or DEADLIFT or CURL

Email (Print clearly for contact purposes): _____

Emergency Contact Name: _____

INFORMED CONSENT FOR PUSH/PULL/CURL PARTICIPATION

I desire to engage voluntarily in the Altavista YMCA Push/Pull/Curl meet organized by the Altavista YMCA in Altavista, VA. I understand that this activity is designed to test the strength and power capacity of the body. I understand that I am responsible for monitoring my own condition throughout the competition and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

In signing this consent form, I affirm that I have read, accept, and understand this form in its entirety and that I understand the nature of this event. I know that there may be risks associated with maximal strength testing and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the Altavista YMCA Push/Pull/Curl meet and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the Altavista YMCA Push/Pull/Curl meet, including any medical costs I incur.

AGREEMENT AND WAIVER/RELEASE OF LIABILITY

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself and assigns to:

1. Waive, release, and discharge from any and all liability the Altavista YMCA, other staff or volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
2. Indemnify and hold harmless Altavista YMCA, other staff or volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the Altavista YMCA Push/Pull/Curl meet, I have freely signed this waiver on the date indicated.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (Required if under 18 years old): _____

Print Parent/Guardian Name: _____