



Adult Information

Delegation: _____

Year: _____

First Name: _____ Last Name: _____

Gender (circle one): MALE FEMALE Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Race (optional): _____

Email address: _____

Home Phone #: () _____ Cell Phone #: () _____

Please circle answers below:

I would like my information printed in the Conference directory. Yes No

This is my: (circle one) 1st 2nd 3rd 4th _____ time attending the National Affairs Conference AS AN ADULT.

T-Shirt Size: (circle one) S M L XL 2XL 3XL All registrations received online by deadline will receive a shirt

I am a: YMCA Staff Volunteer If in College: Fresh. Soph. Jr. Sr. Grad Student

Have you ever been convicted of a crime except a minor traffic violation? _____

In connection with your application to serve as a volunteer with the National Affairs Conference, the YMCA requires a background check to be completed in the past 12 months.

Has your Youth in Government program preformed a background check on you in the past 12 months? Yes No

In connection with my application to serve as a volunteer with the Conference on National Affairs, I understand that the YMCA may run a Criminal Background check requesting information regarding criminal history and the sexual offender registry.

I hereby authorize, without reservation, any Law Enforcement Agency, Institution, Information Service Bureau, School, Employer, Reference or Insurance Company to furnish the information described in this form.

AN EMAIL WILL BE SENT WITH INSTRUCTIONS ON COMPLETING THE CRIMINAL BACKGROUND CHECK.

Emergency Contact

First Name: _____ Last Name: _____ Gender: _____

Email address: _____ Emergency Contact Phone #: _____

In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), I, on behalf of myself and my heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

- 1. I understand that the activities that I will be engaging in while I am in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I hereby accept full responsibility for, and risk of, any injury to myself or loss or damage to my property that may occur as a result thereof.
2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releasees") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to myself or loss or damage to my property that may occur while I am in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost they may incur due to my presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity. In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to me as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.

I further understand that if I fail to abide by the rules and regulations of the YMCA, I am subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Adult Participant's Signature: _____ Date: _____