



**G.R.E.A.T.** Registration Form Cont.  
Gang Resistance Education and Training

**PHOTOGRAPHIC RELEASE:**

For purposes of publicity the City of Bedford Department of Recreation uses photographs and videos in order to increase community awareness of Recreation programs.

Check One:

I give my permission to use photographs and videos of my child (Child's Name)

\_\_\_\_\_ for publicity of Recreation

programs and in any and all publications and other media without limitation.

I do not give my permission for the above.

\_\_\_\_\_  
Signature (Mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Father)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Guardian)

\_\_\_\_\_  
Date

Bedford Area Family YMCA Outdoor Adventure

LIABILITY RELEASE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Brief description of program: Outdoor Adventure High/Low Ropes Course

I hereby acknowledge that I have voluntarily applied to participate in the program described above. By signing this form, I agree to hold harmless Bedford Area Family YMCA, Signature Research, Inc., their shareholders, employees and/or agents, for any damages. This includes, but is not limited to , property damage, physical injuries, mental or emotional stress or death, which I might incur as a result of my voluntary decision to participate in the Outdoor Adventure Ropes Course program.

I know, understand and recognize that there are significant elements of risk in any adventure, sport or activity associated with high and low ropes course programs and the outdoors. The Bedford Area Family YMCA, Outdoor Adventure program involves a series of activities, which provide physical, mental and emotional challenges. Knowing, recognizing and understanding the inherent risks, dangers and rigors involved in the activities in the Outdoor Adventure Program, physically, mentally, and emotionally, I certify that the level of me participation is in no way forced by anyone, that the way in which I participate is always my own choice, and I knowingly and voluntarily assume all risks associated with my participation in these activities.

I acknowledge that, if required, I have completed the medical review and the information I provided was complete and accurate. I recognize that failure to disclose complete and accurate information could result in serious harm to myself and/or fellow participants.

Check only if required:

\_\_\_\_\_ I was required to fill out a medical review.

I acknowledge that except for any prescribed medication (which I disclosed on my medical review, if the review was required) I will not be under the influence of any chemical substance or alcohol during the program. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form. I hereby grant Bedford Area Family YMCA permission to use any activity photos that may include me in their promotional materials such as brochures, flyers, web page, unless I specifically “no” below.

\_\_\_\_\_ Permission to use my likeness in a photo is granted.

I have read this document. I understand that it is a release of all claims. I understand that I am assuming all of the risks inherent in participation in the Outdoor Adventure Program. I voluntarily sign my name as evidence of my acceptance of the above provisions and that I have read and completely understood all aspects of the release form and agree to its terms in its entirety.

Agreed to by: \_\_\_\_\_  
Your signature here (parent or guardian here if under the age of 18)

\_\_\_\_\_  
Today's Date