



Camp Fuller Waiver: **Event:** University of Rhode Island Regatta Host **Dates:** September 25-26, 2021 and October 2-3, 2021 **Time:** 10 am- 4 pm

In consideration for event attendance, use of facilities and equipment located there, programs and/or participation in athletic and/or sporting events sponsored by the Greater Providence Young Men’s Christian Association (“YMCA”), I hereby agree, for myself (and for my children and/or wards, if under the age of 18), as follows: I understand that, in connection with this YMCA, I (and my children and/or wards, if under the age of 18) from time to time will enter onto the YMCA premises, will use the facilities and equipment located there, and will participate in athletic and/or sporting events sponsored by the YMCA, and that we hereby agree that we will enter the premises and engage in all such activities at our own risk. I further understand that the YMCA shall not be liable for any damages arising from personal injuries that I (and my children and/or wards, if under the age of 18) may sustain in or about the YMCA premises or as a result of any such activities. I agree to assume full responsibility for any such injuries or damages that may occur and fully and forever release and discharge the YMCA and its officers, directors, trustees, agents, servants, and employees, from any and all liability, claims, demands, damages, rights of action, or causes of action, present or future, arising therefrom. The waiver and release from liability granted herein is in addition to, and not in lieu of, the exemption from liability granted to YMCA of RI Gen Laws Section 7-6-9, as the same may be amended from time to time.

Coronavirus /COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Greater Providence programs or accessing YMCA of Greater Providence facilities could increase the risk of contracting COVID-19. YMCA of Greater Providence in no way warrants that COVID-19 infection will not occur through participation in YMCA of Greater Providence programs or accessing YMCA of Greater Providence facilities.

YMCA Not Responsible for Personal Property: I understand that the YMCA premises are used by YMCA members, their guests and members of the public, and that the YMCA is not responsible for my personal property including, without limitation, any personal items that I might leave in a locker or storage area while engaged in activities at the YMCA.

Permission to use Photographs: I hereby give the YMCA, and its employees or agents, permission to take, copyright, use, and publish photographs of or concerning me for purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

YMCA Privacy Policy: Apart from the photographs referred to above, I understand that the YMCA collects and maintains personal information about me. This information is used to perform participant services and business operations that, in the course of performing normal business operations, this information may be shared with other organizations performing work on behalf of the YMCA, and that access to this information will be limited and protected in accordance with the YMCA's Privacy Notice, a copy of which is posted on its website (www.ymcagreaterprovidence.org). I further understand that I can also obtain a copy of the Privacy Notice by requesting one from my local YMCA.

Payments Terms & Conditions: No alcohol on premise. No spectators. Speed 10 MPH or less on Camp Fuller Road (Anything beyond this subjects the team to be disqualified)

NAME OF COLLEGE/UNIVERSITY:

Travel Party (Student-Athletes):

Print Name:	Sign Name:	Date:
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ATTENTION HEAD COACH: PLEASE ATTACH TEAM ROSTER TO THIS SIGNED FORM.

Print Head Coach Name:

Name of Institution:

Signature of Head Coach Name:

Cell:

Signature of YMCA Administrator:

Cell: