



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CLARION COUNTY YMCA  
499 Mayfield Road  
Clarion, PA 16214  
(814)-764-3400  
www.clarioncountyyymca.org



### AQUA EXERCISE Registration Form

REGISTER ONLINE: <https://register.oilcityymca.org/ymca/pgsearch.php>

Participant's Name:		DOB:	
Address: (inc: City, State and Zip)			
Email:		Phone:	
Month(s) Registering For:		Amount Included:	
Circle Membership Type:	MEMBER	NON-MEMBER	SILVER SNEAKER

**Please circle below which price you would like to pay – all prices are for month participation.**

**Silver Splash**  
[Low intensity]  
Renee

Day and Time	Member rate	Non-Member rate	Non-Member "drop in"
Tue and Thu (9am-9:45am)	FREE	\$27	\$5

**Aqua Splash**  
[Medium intensity]  
Marcy or Kim

Day and Time	Member rate	Non-Member rate	Non-Member "drop in"
Mon and Thu (12pm-1pm) (Lunch Time Class)	FREE	\$27	\$5
Mon and Wed (5pm-6pm) (Evening Time Class Opens March)	FREE	\$27	\$5

**Cardio Aqua**  
[Medium/High intensity]  
Susan

Day and Time	Member rate	Non-Member rate	Non-Member "drop in"
Tue and Fri (10am-11:15am )	FREE	\$40	\$7

A "drop in" fee is for a no commitment attendance. If you would like to try the class or join in occasionally, that's perfect for you. All participants must register, either in paper or online (even if you are "dropping in") At this time, there is a limit to 5 available spaces for "drop ins" per class.

**Waiver:**

By completing this form, I understand that the CLARION COUNTY YMCA activities have inherent risks and I hereby assume all risks and hazards incidental to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injuries sustained during my participation in YMCA activities, facility or property used. The YMCA reserves the right to limit entry at any time. I give my permission for the YMCA association to use any digital images of and or quoted statements by myself for the purpose of promotion of advertising of YMCA association or its programs. I understand that there will be no paid compensation for any such usages.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signed: \_\_\_\_\_



**CLARION YMCA AQUATIC PROGRAMS**  
**COVID-19 WAIVER AND ASSUMPTION OF RISK**

The Clarion YMCA ("The YMCA") has put in place preventative measures to reduce the spread of COVID-19; however, the YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending YMCA aquatic programs could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending YMCA programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child (ren) may experience or incur in connection with my child(ren)'s attendance at the YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

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Signature of Participant

Date

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Print Name of Participant

Name of Program Participant