I acknowledge in signing this document for my Teen’s participation in YMCA of Metropolitan Los Angeles’ Get Summer Program, that his/her participation may include activities which can be both physically and emotionally demanding. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen. Furthermore, I am aware that certain risks and dangers exist in certain activities that are beyond the control of the organization and its staff. I understand that staff has the right to deny participation and that is my Teen’s responsibility as a participant to follow the safety standards, procedures, and guidelines established by the staff/instructor. If my Teen does not understand specific instructions from the staff at any time, it is his/her responsibility to ask for clarity and/or assistance.

In signing this document, I authorize YMCA staff to secure medical services as deemed necessary by medical personnel and agree to accept financial responsibility:

- Where my Teen’s health and well-being is involved.
- Where medical services are required.
- Where all reasonable attempts to contact the parent/guardian and emergency contacts have failed or where the nature of the emergency does not allow time to make contacts.

Health insurance carrier:

Health insurance policy number:

EMERGENCY CONTACTS (other than parent/guardian)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Teen</th>
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With my signature below, I provide consent should medical treatment be deemed necessary.

Teen signature       Date

Parent/Guardian signature       Date