

FAMILY HEALTHY COOKING

FREE FOR OUR MEMBER'S

This will be a free event for our members and family to join in learning a healthier option. We will have a participation demonstration. In a fun and safe environment. You will be provided with all supplies and enjoy the final product. We ask for a total max family size of three. Thank you for participating. WE WILL MAKE A GLUTIN FREE COLD PASTA DISH. LET'S GET READY FOR THE SUMMER DAYS.

WHEN: MAY 15TH 2024 @ 6-7:30PM IN THE DYETT ROOM

Name: _____

Address: _____ City: _____ Zip: _____

Guardian: _____ Date: _____

CONTACT: () _____ Email: _____

Total number of family size (MAX FAM SIZE IS 3): _____

Promotion: I hereby grant consent and authorize the use of photographs, slides, videotapes and file of myself and my minor child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA programs and services, and/or recognition of participants.

Waiver: I submit my child is willing and physically able to participate in this activity and waive the YMCA of the Greater Tri-Valley Association of all responsibility for injury or illness. I understand that my child's participation in this activity involves certain risk and regardless of the precautions taken by the YMCA staff and volunteers' injuries can occur, with this being said, I hereby authorize the directors/staff/volunteers of the YMCA of the Greater Tri-Valley to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide this organization with proof of medical and accident insurance before program participation. Knowing this you agree to absolve, and hold harmless the YMCA of the Greater Tri Valley, the organizers, coach/instructors along with any volunteers, in the case of an injury to my child while participating in this program. To participate in any YMCA program, you must provide proof of health insurance. Lack of proof will result in no participation. I have executed the youth program waiver release and medical certification form with full knowledge of its contents.

Signature: _____ Date: _____

ANY QUESTIONS PLEASE CONTACT: VIVIAN NICHOLAS
VNICHOLAS@YMCATRIVALLEY.ORG

