



**YOU'RE INVITED TO A**  
**fun & games party**

**CENTRAL BUCKS FAMILY YMCA**



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**CENTRAL BUCKS FAMILY YMCA**

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Member  Potential Member

Attending party for \_\_\_\_\_

In consideration of my child's participation in the activities at the Central Bucks Family YMCA, I do hereby hold the CBFYMCA free from any liability, including their respective officers, employees and members. This includes, but is not limited to, their own negligence. I do hereby -- for myself, heirs, executors and administrators -- waive, release and forever discharge any and all rights and claims for damages or injuries which my child/I may incur or may arise in connection with participation in any of the activities within the facility. I, the undersigned, have read, understand and agree to the above. **My consent to the terms is assumed if do not return this form.**

Signature \_\_\_\_\_

PHOTO CONSENT: I do hereby grant permission for video/photographs to be taken by the CBFYMCA staff that may be used for publicity and advertising purposes.

Yes  No

Please bring with you to the party. Thank you!

***If waiver is altered, you will be asked to sign a new waiver.***

**FOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**PLACE:** Central Bucks Family YMCA  
2500 Lower State Road, Doylestown, PA 18901

**RSVP TO:** \_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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