

**YMCA OF THE GREATER TWIN CITIES
WAIVER AND RELEASE OF LIABILITY**

ADMINISTER AND USE OF EPI-PEN

By signing below I, _____,
[print parent/guardian name above]

agree to Waive and Release of any and all liability for the YMCA of the Greater Twin Cities (hereafter referred to as the YMCA) in the administration and use of the Epi-Pen. I agree to forever release and discharge the YMCA and its' directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the Epi-pen.

If my child can not administer the Epi-Pen themselves, I allow YMCA staff to administer the Epi-Pen.

By signing this agreement, I have read and understand the terms of this agreement.

Print - Childs Name _____

Parent/Guardian Signature _____

Print - Parent/Guardian Name _____

Date _____