



**ALTERNATIVE SPORTS  
AT THE YMCA**

# **NERF WAR STATEMENT OF UNDERSTANDING**

## **GAME RULES/ GAME PLAY**

- I understand the following:
- Teams will be divided equally, dispersing ages/skill level, into groups of no more than 10.
- Nerf ammunition bullets are provided by the YMCA.
- I am responsible for bringing my own Nerf weapons and any additional gear I desire.
- Eye protection is highly encouraged.
- The game is physically and mentally active and may require extreme exertion to play.
- The possibility of injury exists, including risk of trips or falls over hazards.
- I am fit physically and mentally to participate
- I must always follow the instructions of YMCA Staff/Nerf War Director(s)
- Failure to follow the rules or act in a respectful way will result in ejection without refund.
- I will not climb on equipment, barriers, or structures within the gaming area.
- I will not consume alcohol prior to, or during, the game.

## **COVID-19 & COMMUNICABLE DISEASE UNDERSTANDING**

- Participation includes possible exposure to and illness from infection diseases including, but not limited to, MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation
- I agree to comply with all precautionary rules against infection diseases. If, however, I observe any significant hazard, I will remove myself from participation and bring such to the attention of the nearest YMCA staff immediately.

## **SAFETY**

This is to certify that I, as a parent/guardian with legal responsibility for the minor child identified on this form, and/or for myself acknowledge that myself/my child will be engaged in activities as part of the Union County Family YMCA program that involve the risk of injury, and that I do recognize and accept the risk, whether foreseeable or unforeseeable, with participation in activities of recreation and instruction at the Union County YMCA. On behalf of myself/my child and Union County Family YMCA, their affiliates, administrators, directors, agents, coaches, assistant, clinicians, employees, other participants, and sponsor agencies, from any and all claims and damages, arising out of my minor child's involvement or participation in the programs of the Union County YMCA.

Additionally, should it be necessary according to the judgment of officials or coaches in the program, any licensed physician or nurse on the scene, or any emergency medical professional, for myself/my child to be treated for injuries, diagnosed or surmised, and/or to be transported to a medical facility for additional treatment, I hereby give permissions for this to be done, even if I am not on the scene to provide verbal authorization, and if I am on the scene, even if I decline to have said child treated and/or transported.

**PHOTO/SOCIAL MEDIA**

I agree that the YMCA may photograph or videotape myself/my child, and the YMCA may use those photographs or video footage for its marketing purposes. I release the YMCA from any claim or liability related to that use, and waive all claims for myself, my heirs and assignees against the individual staff persons and the Union County Family YMCA.

\_\_\_\_\_  
ADULT GUARDIAN NAME (if under 18)      SIGNATURE      DATE  
PARTICIPANT NAME (if 18+)

**PARTICIPANT PLEDGE**

Win or lose, I pledge before everyone to play the game as well as I know how, to obey all the rules, to be a good sport at all times, and to improve myself in spirit, mind , and body. I will follow all the rules of the YMCA building and directions from YMCA staff.

\_\_\_\_\_  
PARTICIPANT NAME      DATE