

**BELIEVE CENTER/YMCA WAIVER AND RELEASE, INDEMINIFICATION AND HOLD HARMLESS AGREEMENT.** Believe Center, Inc. or 567-200-2027 Revised 9.17.19

Sport/Activity \_\_\_\_\_ Coach: \_\_\_\_\_

Team Name \_\_\_\_\_ Site: \_\_\_\_\_ LHM# \_\_\_\_\_

Player Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ E. Phone# \_\_\_\_\_

Does your child have any current condition that limits his/her ability to participate in this activity? YES \_\_\_\_\_ NO \_\_\_\_\_ Please provide information about condition, allergies or medical conditions that Believe Center Inc. should have in case of emergency. \_\_\_\_\_

In consideration of participating in YMCA of Greater Toledo / Believe Center, Inc. programming and other activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Greater Toledo, Believe Center, Inc., City of Toledo, Toledo Public Schools, Toledo Sports Alliance, Keeping Sports Alive programming and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, spouse, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- \_\_\_\_\_ Initial 1. I acknowledge that participating in athletic programming activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, sprains, concussions and other serious injuries. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- \_\_\_\_\_ Initial 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- \_\_\_\_\_ Initial 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold the Releasees harmless for all such fees and costs.
- \_\_\_\_\_ Initial 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.
- \_\_\_\_\_ Initial 5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- \_\_\_\_\_ Initial 6. I agree to follow all policies for sports rules and regulations of leagues that we participate in, BCI rules and regulations, BCI Handbook, and BCI Bylaws, severe behavior, consequences for disruptive behavior, gang affiliation and confiscated property. This information can be used for grants, reports, assessments, studies and surveys.
- \_\_\_\_\_ Initial 7. I give permission for photographs, videos or tape recordings that may include my image or voice to be used for marketing or interpreting programming without limitation, compensation or obligation for grants or promotion.
- \_\_\_\_\_ Initial 8. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am injured or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name (print) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

PAY \$30 or \_\_\_\_\_ Paid on \_\_\_\_\_ Signed by KSA Staff \_\_\_\_\_

Please make payable to: **KEEPING SPORTS ALIVE** must have a receipt # \_\_\_\_\_

Note some sports fee might be higher or lower, please check for additional paperwork. No refund.  
 Shirt Size \_\_\_\_\_ S \_\_\_\_\_ 1<sup>st</sup> weight \_\_\_\_\_ 2<sup>nd</sup> weight \_\_\_\_\_

#5minutes \_\_\_\_\_

**BELIEVE CENTER, INC.  
ACADEMIC RELEASE FORM  
REQUEST FOR RELEASE OF  
STUDENT RECORDS**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School ID #: \_\_\_\_\_

In accordance with regulation 42CFR, Part 2, I/We hereby authorize the Believe Center, Inc. to release to and/or obtain from (circle one, if one way to exchange is desired)

It is requested that information about courses taken, grades earned to the date of withdrawal, birth certificates, copy of grade card, grade levels attained, and other important data be included: \_\_\_\_\_

The parent(s)/guardian(s) who has/have signed below has/have been informed of this transfer request and grants permission for the information to be sent.

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The following information (list specific reports and types of information):

Any and all student information including but not limited to school enrollment, grades, and behavior reports.

For the contacts covering the dates from 6/1/2019 to 7/31/2020

I/We release Believe Center, Inc. of any legal liability that may arise from the release and/or exchange of the indicated information.

I/We understand that this authorization will not automatically expire upon leaving Believe Center, Inc. and its program unless otherwise indicated below:

Neither Believe Center, Inc. nor the above-named facility may release the above indicated information to any other organization without my/our express written permission.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Witness signature: \_\_\_\_\_

Title of witness: \_\_\_\_\_ Print name: \_\_\_\_\_

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

This Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement (this "Release Agreement") is to certify that I, as a participant or as a parent or guardian with legal responsibility for a minor child or ward that is a participant (hereinafter "Participant"), for the benefit of Believe Center, Inc. ("BCI") and its directors, officers, employees, teams, players, coaches, instructors, participants, volunteers, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as the "Releasees"), acknowledge that Participant will be engaged in a BCI youth sport or program as noted below ("Sport/Program"), which includes, without limitation, all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, tournaments; games; practices; rental; orientational and instructional courses, seminars and sessions; travel, transport and accommodation; and other such activities, events and services in any way connected with or related to the Releasees.

*COVID-19:* The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, and those engaged in Sport/Program are not immune from COVID-19 or the associated risks thereof.

*ASSUMPTION OF RISKS:* I further certify and acknowledge that Sport/Program may be inherently dangerous and can cause serious or grievous injuries, including bodily injury, damage to personal property, and death and that Participant recognizes and assumes that risk, whether foreseeable or not reasonably foreseeable, including COVID-19, and Participant agrees to participate in Sport/Program. This assumption of the risk shall be considered to the broadest extent possible as allowable by law.

*PARTICIPANT IS AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH SPORT/PROGRAM AND FREELY ACCEPT AND FULLY ASSUMES ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.*

*RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:* In consideration of the Releasees agreeing to allow Participant to participate in Sport/Program and permitting Participant's use of services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, Participant hereby agree as follows:

1. *TO WAIVE ANY AND ALL CLAIMS* that Participant has or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that Participant may suffer or that Participant's next of kin may suffer, as a result of Participant participating in Sport/Program *DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE,*

RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

*BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT PARTICIPANT FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN SPORT/PROGRAM;*

2. *TO HOLD HARMLESS AND INDEMNIFY* the Releasees for any and all liability for any property damage, loss or personal injury to any third party resulting from Participant's participation in Sport/Program;

3. This Release Agreement shall be effective and binding upon Participant's heirs, next of kin, executors, administrators, assigns and representatives, in the event of Participant's death or incapacity; and

4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Ohio no other jurisdiction.

5. Participant and "living with family members" must make it known *TO THE HEAD COACH* of any symptoms, positive testing or close extended contact with anyone testing positive for COVID19. This information will be confidential and not be shared with other team members or parents.

In entering into this Release Agreement, Participant is not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Sport/Program, other than what is set forth in this Release Agreement.

*I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, THAT I HAVE SIGNED THIS RELEASE AGREEMENT FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.*

Participant's Name (Print Name):	
Parent/Guardian (Signature):	
Parent/Guardian (Print Name):	
Participant's Home Address:	
Phone Number:	Email:
Participant's Age Group:	Sport/Program:
Team/Program Name (Print Name):	
Coach/Program Director's Name (Print Name):	

46th YEAR CDBG  
CLIENT STATUS TRACKING SHEET

ORGANIZATION NAME Believe Center Inc.

CONTACT PERSON \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Name of client \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Release Date \_\_\_\_\_

Gender M F Number in household \_\_\_\_\_ Female/Head of Household \_\_\_\_\_

Age \_\_\_\_\_

Source of Income (check all that apply)

Employment	_____	TANF	_____	Veterans	_____
Unemployment	_____	SSI	_____	Pension	_____
Social Security	_____	SSD	_____	None	_____
Workers comp	_____	Other	_____		_____

**Persons enrolled in this project must provide to the organization a copy on proof of income.**

If no income, provide notarized self-declaration certifying zero income.

Please check appropriate box below:

<u>Household Size</u>	<u>Income</u>	
1 person	\$0 - \$14,500	<input type="checkbox"/> Extremely Low Income *
	\$14,501 - \$24,150	<input type="checkbox"/> Low Income
	\$24,151 - \$38,600	<input type="checkbox"/> Moderate Income
	\$38,601 or more	<input type="checkbox"/> Non-Low/Moderate Income
2 persons	\$0 - \$16,910	<input type="checkbox"/> Extremely Low Income *
	\$16,911 - \$27,600	<input type="checkbox"/> Low Income
	\$27,601 - \$44,100	<input type="checkbox"/> Moderate Income
	\$44,101 or more	<input type="checkbox"/> Non-Low/Moderate Income
3 persons	\$0 - \$21,330	<input type="checkbox"/> Extremely Low Income *
	\$21,331 - \$31,050	<input type="checkbox"/> Low Income
	\$31,051 - \$49,600	<input type="checkbox"/> Moderate Income
	\$49,601 or more	<input type="checkbox"/> Non-Low/Moderate Income
4 persons	\$0 - \$25,750	<input type="checkbox"/> Extremely Low Income *
	\$25,751 - \$34,450	<input type="checkbox"/> Low Income
	\$34,451 - \$55,100	<input type="checkbox"/> Moderate Income
	\$55,101 or more	<input type="checkbox"/> Non-Low/Moderate Income
5 persons	\$0 - \$30,170	<input type="checkbox"/> Extremely Low Income *
	\$30,171 - \$37,250	<input type="checkbox"/> Low Income
	\$37,251 - \$59,550	<input type="checkbox"/> Moderate Income
	\$59,551 or more	<input type="checkbox"/> Non-Low/Moderate Income
6 persons	\$0 - \$34,590	<input type="checkbox"/> Extremely Low Income *
	\$34,591 - \$40,000	<input type="checkbox"/> Low Income
	\$40,001 - \$63,950	<input type="checkbox"/> Moderate Income
	\$63,951 or more	<input type="checkbox"/> Non-Low/Moderate Income
7 persons	\$0 - \$39,010	<input type="checkbox"/> Extremely Low Income *
	\$39,011 - \$42,750	<input type="checkbox"/> Low Income
	\$42,751 - \$68,350	<input type="checkbox"/> Moderate Income
	\$68,351 or more	<input type="checkbox"/> Non-Low/Moderate Income
8 persons	\$0 - \$43,430	<input type="checkbox"/> Extremely Low Income *
	\$43,431 - \$45,500	<input type="checkbox"/> Low Income
	\$45,501 - \$72,750	<input type="checkbox"/> Moderate Income
	\$72,751 or more	<input type="checkbox"/> Non-Low/Moderate Income

For CDBG income limit reporting:

Extremely Low Income is defined as at or below 30% of the median family income for the Metropolitan Statistical Area (MSA). Low Income is defined as at or below 50% of the median family income for the Metropolitan Statistical Area. Moderate Income is defined as at or below 80% of the median family income for the Metropolitan Statistical Area. Median Income for a family of four in the Toledo Metropolitan Statistical Area: \$68,900. The above income limits are as adjusted by HUD for the Toledo MSA and may not match the defined thresholds.

*(Based on HUD 2019 Median Income and Income Limits: State of Ohio, Toledo MSA)*

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low-income limits may equal the very low (50%) income limits.

Please select one.

**Racial Category**

- 1. American Indian or Alaskan Native   
*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community attachment.*
- 2. Asian   
*Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- 3. Black or African American   
*A person having origins in any of the black racial groups of Africa.*
- 4. Native Hawaiian or Other Pacific Islander   
*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- 5. White   
*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- 6. American Indian or Alaskan Native & White   
*A person having these multiple racial origins as defined above.*
- 7. Asian & White   
*A person having these multiple racial origins as defined above.*
- 8. Black/African American & White   
*A person having these multiple racial origins as defined above.*
- 9. American Indian/Alaskan Native & Black/African American   
*A person having these multiple racial origins as defined above.*
- 10. Other Multi-Racial   
*Category used for reporting individual responses that are not included in any of the categories listed above.*

Please select one.

**Ethnic Category**

- 1. Hispanic or Latino   
*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."*
- 2. Not Hispanic or Latino   
*A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

**Chronically Homeless**

*A "chronically homeless" individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.*

*Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.*

# Certification of Zero Income

(To be completed by adult household member only, if appropriate)

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please check as appropriate:

I certify that I do not individually receive income or have not received income from any of the following sources for the period \_\_\_\_\_ thru \_\_\_\_\_.

- a. Wages from employment (including commission, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Unemployment or disability payment;
- f. Public assistance payment;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- h. Sales from self-employed resources (Avon, Mary Kay, Amway, Skalee, etc.);
- i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- j. Veteran's Benefits;
- k. Supplemental Security Income;
- l. Any other source not named above

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary



The Following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so how much?

	Yes, limited a lot	Yes, Limited a little	No, not limited at all
1	1	2	3
2	1	2	3
3	1	2	3
4	1	2	3
5	1	2	3
6	1	2	3
7	1	2	3
8	1	2	3
9	1	2	3
10	1	2	3

**Scoring:**

The Raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 30, 0 representinh worst possible and 30 respresents best possible quality of life.

Name \_\_\_\_\_

Date \_\_\_\_\_

Comments:

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Post/Pre Now: \_\_\_\_\_/30



Psychiatric Research Unit  
WHO Collaborating Centre in Mental Health

### WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half the time	At no time
1	I have felt cheerful and in good spirits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2	I have felt calm and relaxed	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3	I have felt active and vigorous	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4	I woke up feeling fresh and rested	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5	My daily life has been filled with things that interest me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

**Scoring:**

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing the worst possible and 25 represents the best possible quality of life.

Name \_\_\_\_\_

Date \_\_\_\_\_

Comments:

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