



APPLICATION FOR MEMBERSHIP

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, Financial Assistance is available to the extent possible. Please ask for a confidential Financial Assistance application. Participants needing other accommodations should contact their local YMCA.

MEMBERSHIP TYPE										
Choose Membership Type <input type="checkbox"/> Full Member <input type="checkbox"/> Youth Program Member <input type="checkbox"/> Insurance Member Choose Membership Category <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Jr/SR High <input type="checkbox"/> College <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Single Parent <input type="checkbox"/> Family										
PRIMARY MEMBER (Parent or Guardian for applicant under 18 years of age)										
First Name		MI	Last name		Date of Birth		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Home Address			Apt	City			State	Zip Code		
Phone				Email						
Ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Other										
Have you been a YMCA member before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Emergency Contact First Name		Last Name		Phone Number		Relation to Emergency Contact				
SECONDARY ADULT										
First Name		MI	Last name		Relationship to Primary Member			Check ID <input type="checkbox"/>		
Phone		Email		Date of Birth		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Employer Name			Business Address			Business Phone				
DEPENDENTS & APPLICANTS (18 YEARS IF AGE AND UNDER AS WELL AS COLLEGE STUDENTS 25 YEARS OF AGE AND UNDER WITH 12 CREDITS)										
First Name		MI	Last Name		Date of Birth	AGE	Gender			
							__ M __ F			
							__ M __ F			
							__ M __ F			
							__ M __ F			
							__ M __ F			
							__ M __ F			
FOR OFFICE USE ONLY										

Amount Paid _____

Receipt Number _____

Staff \ _____ Date _____

TERMS AND CONDITIONS

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is of paramount concern to the YMCA. We reserve the right to deny access of membership to any person whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes a person who is a registered sexual offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in an angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language or any other menacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facilities, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTICIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of equipment within its facilities; provided, however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA's childcare services.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I, the undersigned, have read, understand and agree to the above.

Signature of applicant

Date

PHOTO RELEASE:

I consent to the taking and use of still photography and/or motion pictures of me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motion pictures. I understand that the YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

Initial

Date

Notes

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE BROOKVILLE YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of the Brookville YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Brookville YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the Brookville YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly) Date

Parent/Guardian Signature Parent/Guardian Name (Print Clearly)

Adult Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE BROOKVILLE YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I acknowledge and agree that any use of the Brookville YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Brookville YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the Brookville YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Signature

Participant Name (Print Clearly)

Date