



Participant and Guest Form

Marion Family YMCA

Office Use Only:
Tour Given By

Membership

Yes

No

Entered in Daxko

Date _____

Guest Program Participant Tour Birthday Party Participant

Primary Contact / Adult: First _____ MI. _____ Last _____ M F
(Primary Contact must be an adult age 18 or older. All guests or participants age 17 & younger recorded below in Dependent Area)

Birth Date ____/____/____ Occupation _____ Employer _____

Spouse(if applicable): First _____ MI. _____ Last _____ M F

Birth Date ____/____/____ Occupation _____ Employer _____

Address _____

City _____ State _____ Zip Code _____ - _____

*Phone _____ *E-mail Address _____

*Emergency Contact #1 _____ Relationship _____ Phone _____
(Must be someone not listed on this application)

Emergency Contact #2 _____ Relationship _____ Phone _____
(Must be someone not listed on this application)

Family Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						

To help us serve you better, please fill out the following information. This information is kept confidential.

*How did you hear about the Y?

Newspaper Radio Member Other: _____

*Membership I'm Interested in:

Household Single Parent Individual Adult Young Adult Youth/Teen

*Areas of Interest:

Group Ex Martial Arts Group Cycling Strength Training Youth Sports School Days Out
 Child Watch Preschool Programs Parent/Child & Family Programs Teen Activities
 Older Adult/Silver Sneaker Youth Fitness Wellness Center/Coaching Adult Sports

Marion Family YMCA Guest Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTIONS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

4. *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.*
5. Only appropriately credentialed Marion Family YMCA staff members employed as Personal Trainers or Personal Coaches shall provide such services within YMCA programs and facilities.
6. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of 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 HAVE READ AND UNDERSTAND THIS RELEASE

Print Name (Adult #1)	Signature	Date
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Print Name (Adult #2)	Signature	Date
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