



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Montgomery Guest Form and Waiver

Member's Printed Name: _____ D.O.B. __/__/____ Sex: M F

Guest's Printed Name: _____ D.O.B. __/__/____ Sex: M F

If Guest is Under 18 we require Parent Name and Signature at Bottom of form for waiver:

Parent Name (if under 18): _____

Guest Information (all information is required, photo ID required):

Address: _____

(street)

(city)

(state)

(zip)

Phone #: (____) _____ Driver's License # _____

Email: _____

Emergency Contact: _____ Phone #: (____) _____

_____ **Out of Town Guest** (guest of a YMCA of Greater Montgomery member whose residence is more than 50 miles out of Montgomery) Limited to 5 visits per 12-month cycle.

_____ **Local Guest** (Guest of a YMCA of Greater Montgomery member whose residence is within 50 miles). Limited to TWO visits per 12-month cycle.

_____ **Day Guest** (Perspective member, limited to TWO visit per year) participant **MUST** be 16 years of age or older (if under 18, guardian must sign waiver)

_____ **Y DAY MEMBERSHIP** (Perspective member, limited to ONE visit, \$10 per day, same as day guest)

Guest POLICY:

Basketball (gymnasium) is for Members ONLY. Guest are NOT permitted.

Guests at the YMCA must be accompanied by a YMCA member.

Anyone who does not comply with all YMCA guidelines and policies will be asked to leave.

WAIVER:

In consideration for being permitted to utilize the facilities, services and programs of the YMCA of Greater Montgomery, I, on behalf of myself and my heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

1. I understand that the activities that I will be engaging in while I am in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I hereby accept full responsibility for, and risk of, any injury to myself or loss or damage to my property that may occur as a result thereof.
2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releasees") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to myself or loss or damage to my property that may occur while I am in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage or cost they may incur due to my presence in or upon the premises of the YCMA or use of its facilities, services or equipment, or participation in any YMCA program or activity. In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to me as may be necessary and appropriate. I understand that I am solely responsible for all cost incurred for such medical care or treatment.

I further understand that if I fail to abide by the rules and regulations of the YMCA, I am subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund or dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Signature: _____ Date: __/__/____

OFFICE USE: BRANCH NAME _____

Staff Name _____