

Staff Initials _____

Date of Application _____

MAYFIELD GRAVES COUNTY YMCA – MEMBERSHIP APPLICATION

Joining Fee Paid: _____

Membership Type: _____

MEMBERSHIP INFORMATION

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Employment/School: _____

Mailing Address/City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Gender: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Other Family Member Information

Name	Gender	DOB	Employer/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Draft Authorization: I (We) hereby authorize the Mayfield Graves County YMCA, herein called the YMCA, to initiate debits to the BANK indicated below, hereinafter, called BANK, to debit the amounts thereof to my account (checking or savings account indicated below.) Please initial by each statement.

____ I authorize the Mayfield Graves County YMCA to debit my membership from my credit/debit card or from my checking account via ACH.

____ I understand that bank drafts occur on the 15th and that it is my responsibility to check my monthly statement and report any corrections immediately to the YMCA.

____ This authority is to remain in full force and effect until the YMCA has received written notification and the return of my membership card. Once the YMCA has received the notification, I will not be charged any longer.

____ I understand refunds are only given by the CEO's discretion.

____ I understand that I must bring my membership card each time that I visit the YMCA and swipe it to gain access. Replacement cards are \$5.00 if the card is lost or misplaced.

____ I understand that my YMCA membership cannot be put on hold for short term illness or vacation without written approval from the Executive Director. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge, I am in good health and use the facilities at my own risk.

____ I have read and understand the YMCA Membership Code of Conduct and agree to follow these guidelines while participating at the YMCA. As the primary member, I am responsible for educating any other person(s) on the membership as to the YMCA Membership Code of Conduct.

____ I understand that 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.

Primary Member Signature

Second Adult Signature

Date

Please be sure to sign the waiver on the opposite side of this form.

MAYFIELD GRAVES COUNTY YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA in any purpose, including, but not limited to observation or use of facilities, equipment, or off site facility 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 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 CONVENANTS NOT TO SUE the YMCA it's 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 damages, and any claim or demands therefor 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 instigate or 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. The YMCA will not be held responsible for any actions, crimes, or property damage committed or instigated by the applicant whether intentional or accidental.
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 applicant will not be offered or provided workers compensation through the YMCA and is responsible for all invoices, prescriptions, temporary or permanent injury, loss of income, and any other loss or damages due to injuries sustained while performing theses services.

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 Kentucky 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.

I HAVE READ THIS RELEASE AND I/WE ARE SIGNING ON BEHALF OF OURSELVES AND OUR CHILDREN LISTED BELOW:

_____/____/____
Participant's Signature Date

_____/____/____
Spouse Signature Date

Participant's Name or Signature if Over 18

Parent's/Guardian's Signature

Participant's Name or Signature if Over 18

Parent's/Guardian's Signature

Participant's Name or Signature if Over 18

YMCA STAFF SIGNATURE

_____/____/____
Participant's Name or Signature if Over 18 Date

_____/____/____
Date