



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

OFFICE USE ONLY

Excel

Date: _____

24 Hour Access Form

Member Information

First Name: _____ MI: _____ Last: _____

Birthday: (mm/dd/yyyy) ____/____/____ Cell Phone: _____

Key Fob #: _____

Family Member Add-On

<u>Dependent Name(s)</u> (must be 18 or over)	<u>Birthdate</u>	<u>Key Fob #</u> (\$15 per each additional fob)

By signing below, I acknowledge that I have received a copy of the Mayfield Graves County YMCA's 24-Hour Fitness Floor Access Guideline, Waiver and Release Form and understand that if I decline to follow those policies that my membership **will be terminated**. I also understand the **YMCA's Zero Tolerance Policy** on allowing people into the building after regular business hours. Camera recordings will be reviewed on a daily basis and anyone caught bringing guests in after regular business hours **will have their YMCA membership terminated**. I understand that I will be charged an **additional \$6.00 per month** on my monthly draft to have 24 Hour access.

Signature: _____

Date: _____

PUT IN JONNA'S BOX AFTER COMPLETION



MAYFIELD GRAVES COUNTY YMCA 24-HOUR FITNESS FLOOR ACCESS **WAIVER & RELEASE FORM**

Use of the Mayfield Graves County YMCA Fitness Floor (Cardio, Weights & Functional Fitness areas ONLY) outside of staffed hours of operation is for Mayfield Graves County YMCA members only. Members must be at least 18 years of age, have purchased a key fob and must use their assigned key fob to gain entrance. Family members on my membership cannot use my 24/7 access, even if I am present. Initial _____

Entry to the YMCA during staffed hours of operation is through the main entrance. 24/7 access outside of staffed hours of operation is through the Fitness Center door on the right side of the building. Initial _____

We HIGHLY recommend that you have an adult workout partner, who has a membership with the Mayfield Graves County YMCA and has purchased a key fob, accompany you while using the YMCA 24/7 facility, but it is entirely up to you. You have agreed to purchase a membership key fob which will allow you access to the Fitness Center outside of staffed hours of operation. As such, you are aware that there will be no supervision or assistance when using these facilities outside of the YMCA's staffed hours of operation. You are also aware that if you are injured, become unconscious, suffer a stroke or heart attack, that there will likely be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should you require immediate assistance, none will be provided. Initial _____

Because physical exercise can be strenuous and subject to risk of serious injury, the Mayfield Graves County YMCA urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity, or use any YMCA amenity on the premises, you do so entirely at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. The Mayfield Graves County YMCA is also not responsible for any loss of your personal property. Initial _____

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) your slipping and /or falling while on the Mayfield Graves County YMCA premises, including adjacent sidewalks and parking areas. Initial _____

Snow removal will not be enforced until staffed hours of operation. Members with 24-hour access can utilize the Fitness Floor, but at their own risk from the elements. Initial _____

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the Mayfield Graves County YMCA, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the Mayfield Graves County YMCA for negligence, personal injury or property damage. Initial _____

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force.

Signature: _____

Printed Name: _____

Dated: ____/____/____