



## 1 VISITOR INFORMATION

☐ Daily Membership    ☐ Member's Guest    ☐ Trial Pass    ☐ Guardian    ☐ Out of State VisitCheck ID ☐

Outside of household

Check ID ☐

(25 if living at home)

[illegible]

## 6 CONDITIONS OF ENTRY



**VISITOR HEALTH:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.



**VISITOR CONDUCT AND RIGHT TO USE THE FACILITY:** Applicant agrees to abide by all policies and procedures of the YMCA of Greater Seattle and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and/or revocation of the membership.



**CRIMINAL HISTORY:** The applicant acknowledges that it is the policy of the YMCA of Greater Seattle to deny membership or visitor access to any individual convicted of a sexual offense. The YMCA uses photo identification national & local databases to periodically check its membership records for criminal history.



**PROPERTY LOSS:** The applicant understands that the YMCA of Greater Seattle is not responsible for personal property lost, damaged or stolen while using YMCA facilities – including parking lots and grounds – or participating in YMCA programs.



**PHOTOGRAPH PERMISSION:** The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the visitor's or member's image or voice to promote or interpret YMCA programs.



**CELL PHONE/VIDEO TAPING:** Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Greater Seattle requests that cell phone usage be reserved for lobby areas only.



**INSURANCE:** The applicant understands that the YMCA of Greater Seattle does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Signature of Applicant or Guardian

Date

Signature of Additional Adult Applicant

Date

## 7 LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

- Acknowledge that I have (a) read this release and waiver of liability;** (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating inspect and carefully consider such premises, facilities or program; (c) understand that the YMCA's facilities include its parking lot(s) and grounds; (d) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (e) voluntarily sign this release and waiver of liability.
- Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability** to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
- Agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releasees** and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releasees or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

**I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington.** If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Applicant or Guardian

Date

Signature of Additional Adult Applicant

Date