



YMCA OF WASHINGTON COUNTY
Membership Application
(Please print)

| | | |
|-----------------------------|--------------------------------|------------------------------|
| First Name, MI, Last Name | Birth date: Month/Day/Year | Gender: |
| Address (Street & P.O. Box) | City, State, Zip | Home Phone # Cell Phone # |
| E-Mail Address | Silver Sneakers Member # | Renew Active Member # |
| Emergency Contact Name | Emergency Contact Relationship | Emergency Contact Phone # |

| | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| Membership Branch | Membership Type: | Add-Ons |
| Washington Kalona Wellman | Adult Couple Family | 24/7 Access \$5/mo |
| Kalona City Resident | Senior Senior Family Social | 24/7 Access (Kalona Resident) |
| NO YES | Teen Youth Single | \$2.50/ |
| | Non-Member | Adult Family |

| | | | | |
|---------|---------------|--------|--------|-------------|
| Spouse: | Date of Birth | Gender | Email: | Cell Phone# |
|---------|---------------|--------|--------|-------------|

| | | | | | |
|-----------|---------------|--------|-----------|---------------|--------|
| Children: | Date of Birth | Gender | Children: | Date of Birth | Gender |
| | | | | | |
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AUTHORIZATION OF BANK DRAFTS FOR MEMBERSHIP FEES

By signing this agreement, I authorize the YMCA of Washington County to deduct my membership dues from my:

Checking (voided check must be attached) Savings

Routing # _____ Checking # _____

Bank Name _____ Monthly Amount _____

Monthly memberships: I understand I am enrolling in a recurring payment plan and that my account will be charge on the 18th of every month the fees associated with the membership type I have selected to pay my membership for the following month. I understand my account will be deducted monthly until I cancel. You can cancel anytime online, in person, or in writing.

ALL CANCELLATIONS MUST BE SUBMITTED BY THE END OF THE MONTH TO STOP PAYMENT TO FOLLOWING MONTH. NO ADDITIONAL FEES WILL APPLY TO CANCELLATION.

If my membership draft is not honored by my bank, I understand I am sill responsible for payment to the YMCA.

A \$25 service fee will be charged on all returning bank drafts.

Membership rates are subject to change. Notice of rate change will be posted 30 days in advance. I understand that by confirming the rate change I am consenting to the new monthly rate.

I understand that all payments are non-refundable and non-transferable.

Signature

Date

The YMCA works hard every day to promote and model the important character values of Caring, Honesty, Respect and Responsibility through our programs, services, staff and volunteers. The safety and security of our members is of the utmost importance.

Responsibilities and Releases:

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of membership card or violations of Code of Conduct may result in suspension/termination of membership.

Code of Conduct – The YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Conduct detrimental to the association and/or in disregard of YMCA member policies and practices may result in suspension and/or termination of membership privileges.

Liability – I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.

Photo Release – I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

Member privacy – The Y takes necessary precautions to keep your personal information private. A copy of our External Privacy Policy is available at member request.

***For your safety, the YMCA conducts Sex Offender Screenings. Anyone who is listed on the Sex Offender Registry or convicted of a felony against a minor is NOT eligible for a YMCA membership, day pass privileges, and volunteer privileges or permitted to rent a YMCA facility.**

SIGNATURE _____ **DATE** _____

DRIVER'S LICENSE# _____ **(or) STATE ID#** _____ **MILITARY#** _____
(If no driver's license)

| OFFICE USE ONLY | | |
|--------------------------|---------------------------|-----------------------|
| Join date _____ | Scholarship % _____ | |
| | Corporate % _____ | |
| Payment option: | | |
| Discount Group _____ | | |
| Monthly Bank Draft _____ | Enrollment Fee _____ | |
| Quarterly _____ | Pro-rate Fee _____ | |
| Semi Annual _____ | Past Due or Credit _____ | |
| Annual Full Pay _____ | Total Paid = _____ | |
| ___ Facility Access 24/7 | ___ Membership Card & Pix | ___ Membership Packet |
| Staff Signature _____ | | |

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to utilize the facilities (owned or operated), services and participating or observing programs or activities of the YMCA of Washington County, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence YMCA of Washington County Iowa and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; risk of medical conditions or overheating from the use of saunas or spas; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation. I agree to follow the rules and guidelines provided by the YMCA of Washington County.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____