

10. MEMBER WAIVER OF LIABILITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the FAMILY YMCA OF GREATER AUGUSTA (or for my children to so participate) 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 FAMILY Y OF GREATER AUGUSTA, the undersigned, for himself or herself and such participating children 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 will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the FAMILY Y OF GREATER AUGUSTA 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 by the undersigned and such children.

The Family YMCA of Greater Augusta 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FAMILY Y OF GREATER AUGUSTA 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 FAMILY Y OF GREATER AUGUSTA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE FAMILY Y OF GREATER AUGUSTA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the FAMILY Y OF GREATER AUGUSTA .
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 incur due to the presence of the undersigned or such children in, upon or about the FAMILY Y OF GREATER AUGUSTA premises or in any way observing or using any facilities or equipment of the FAMILY Y OF GREATER AUGUSTA or participating in any program affiliated with the FAMILY Y OF GREATER AUGUSTA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the FAMILY Y OF GREATER AUGUSTA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the FAMILY Y OF GREATER AUGUSTA .
4. THE UNDERSIGNED AGREES by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Georgia 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, 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 AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature of Applicant/Parent: _____ Date: _____
 Date: _____ Signature of Applicant/Parent: _____
 Signature of other Adult: _____
 Name of child in program: _____ Name of child in program: _____
 Name of child in program: _____ Name of child in program: _____
 Name of child in program: _____ Name of child in program: _____

For staff use only

MEMBERSHIP ID #	MEMBERSHIP TYPE	STAFF SIGNATURE

REVISED SEPT 2016

The Family YMCA is an equal opportunity provider and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Stop 9410, Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD).



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

WHERE EVERYBODY IS SOMEBODY



FAMILY YMCA OF GREATER AUGUSTA MEMBERSHIP APPLICATION

The Y is committed to serving people of all ages, races, religions and economic levels. By answering all questions, you will help us meet this goal. The information is confidential and will not be used for any other purposes.

- To qualify for family membership, members must reside at the same address and pay monthly dues from one bank account.
- The age of the primary adult determines the age category of the membership and who is responsible for payment.
- Membership cards are non-transferable.
- Financial assistance is available for all Family YMCA programs, including membership. Ask for a scholarship application at the membership desk.

1. FAMILY YMCA LOCATION

BRANCH: Aiken County Augusta South Barnwell County Burke County North Augusta
 Marshall North Jefferson Riverfront Steiner Branch Thomson Wilson

2. PRIMARY ADULT'S INFORMATION (COMPLETE FOR ALL MEMBERSHIP TYPES, INCLUDING YOUTH)

First Name:	MI:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:
Race:				
Mailing Address/PO Box:		City:	State:	Zip:
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell () -		Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell () -		
Employer:	EMAIL ADDRESS:			
Work Phone:				

EMERGENCY CONTACT FOR PRIMARY ADULT

First Name:	Last Name:
Phone Number:	Relationship to You:

3. SECOND ADULT'S INFORMATION (For memberships with 2-5 adults)

First Name:	MI:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:
Race:				
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell () -		Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell () -		
Employer:	EMAIL ADDRESS:			
Work Phone:				

EMERGENCY CONTACT FOR SECOND ADULT

First Name:	Last Name:
Phone Number:	Relationship to 2nd Adult:

4. INFORMATION FOR ADDITIONAL ADULTS (For memberships with 3-5 adults)

First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male

5. CHILD(REN)'S INFORMATION

Up to 6 dependents are included with a Family Membership



First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male

Families with more than 6 dependents will be charged an additional \$10.00 per month per dependent.

ADDITIONAL DEPENDENTS

First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	MI:	Last Name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male

6. MEMBERSHIP AGREEMENT



YOUTH/TEEN MEMBERSHIP DISCLAIMER: Members 15 years of age and under must be accompanied by an adult 18 years or older who is willing to assume liability for their presence in the facility. I understand the terms of admittance in purchasing a youth/teen membership for my child.

Signature: _____ Date: _____

I acknowledge and agree to the following:

- To abide by the rules and Code of Conduct in the Member Handbook.
- All members are required to present a valid membership card for identification when using Family Y facilities.
- Suspension or termination of Family YMCA membership privileges may result from a violation of the Family Y Member Code of Conduct, at the discretion of the Branch Executive Director.
- Any membership that lapses for six (6) months or more will be assessed another Joiner's Fee to rejoin.
- All fees paid for membership, including Joiner's Fees, are non-refundable.
- All credits on an account expire one year from the issue date.
- Family YMCA membership rates are subject to change at any time during my membership.
- The Family YMCA of Greater Augusta is protected by Raptor, an instant screening program which allows our staff to better protect members and guests from unwanted visitors. All adult staff, members and guests are required to present a state/government issued photo ID to enter this facility and agree to have their name ran against a registered sex offender list.

Signature: _____ Date: _____

7. HOW DID YOU HEAR ABOUT THE FAMILY YMCA?



(Choose one)

- Referred by a Member? If so, who? _____
- Employee Word of Mouth Internet Program Participant
- Corporate Medical Referral Drive By Advertising—Where? _____

8. PAYMENT INFORMATION



CHECK ONE: Monthly (automatic checking, savings or credit card drafts) Annual (one payment/year)

This section is to be used for authorization of monthly bank draft or credit card charge. If you are applying for an annual membership, disregard this section and continue to the "Photo Release" in section 10 below:

AUTHORIZATION TO THE FAMILY YMCA: I have given my authority to the below named bank/credit card company to honor pre-authorized drafts/charges drawn by the Family Y on my account for the membership payments as indicated above. It is understood that when the Family Y's transmission of a pre-authorized draft to the bank as payment comes due, it shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by the said bank when received by them, then it is understood that the payment will be collected electronically in addition to a \$25 NSF service fee.

As my membership dues will be paid through Credit Card charge or monthly bank draft:

- I understand this is a continuous membership plan. I understand that the membership will remain in effect until I initiate its termination by giving the Family YMCA written notice **thirty (30) days in advance of my next scheduled monthly withdrawal**. Failure to do so will result in that month's fee being non-refundable. All credits on account expire (1) one year from issue date.
- Should any draft not be honored by my bank for any reason, I realize that those funds plus a service charge of \$25 will be collected electronically. The YMCA service charge is in addition to any service fee my bank may charge. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if using a bank draft for payment of dues) or credit card information/expiration date (if using a credit card for payment of dues).
- I understand that after two unpaid drafts, the YMCA reserves the right to immediately terminate my membership until I have brought all payments up to date.

YOUR CHECK OR CREDIT CARD WILL BE ELECTRONICALLY SWIPED TO COLLECT ACCOUNT DATA:

Your account will be drafted \$ _____ per month. Bank Draft Date: 1st of the month OR 15th of the month

PAYMENT OPTION 1 - ELECTRONIC BANK DRAFT

I choose to utilize the bank draft option for monthly payments (direct debit) from my Checking OR Savings Account

Bank Name: _____ Name on Account: _____

Authorized Signature: _____ Date: _____

PAYMENT OPTION 2 - CREDIT CARD PAYMENT OPTION

I choose to utilize the Credit Card Payment option for my monthly payment (automatic direct charge to credit card)

Credit Card Type: Visa MasterCard American Express Discover

Card Holder Name: _____ Authorized Signature: _____ Date: _____

9. PHOTO RELEASE



I/we agree that the Family YMCA and YMCA of the USA may photograph or videotape me/us, and the Family YMCA and YMCA of the USA may use those photographs or video footage for its marketing purposes. I/we release the Family YMCA and YMCA of the USA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual Family YMCA and YMCA of the USA staff persons.

Signature: _____ Date: _____