



What are you looking to do at the Y? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Group Exercise Classes     | <input type="checkbox"/> Cybex Training  |
| <input type="checkbox"/> Friday Night Family Fun    | <input type="checkbox"/> Late Night Lift |
| <input type="checkbox"/> Healthy Aging Fitness Fair | <input type="checkbox"/> Tour the Y      |

## FRANKLIN COUNTY'S YMCA WAIVER AND PERMISSIONS FACILITY PARTICIPANT

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. I assume all responsibility for exercising and participating in FRANKLIN COUNTY'S YMCA programs in the physical condition I am in. I agree to notify my physician of my intention to exercise if I have a medical condition, am 40 years of age or older, am physically de-conditioned or have medical concerns. I understand that Y Memberships are subject to a national sex offender screening. I agree to abide by all FRANKLIN COUNTY'S YMCA rules and policies set forth and to exemplify the values of caring, honesty, respect, and responsibility while on YMCA property.

### INDEMNITY

I understand that all YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities, and recreation activities provided by third party vendors. I agree to waive any liability arising out of any actual, alleged, or threatened infectious, pathogenic, toxic, or other harmful properties of any "organic pathogen", which includes but may not be limited to bacteria, viruses or other pathogens whether or not a microorganism, regardless of whether such "organic pathogen" is the result of a local outbreak, epidemic, pandemic or unknown cause. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.

### REFUND POLICY

YMCA Membership dues and Program Fees are non-refundable. This includes unused portions of pre-paid memberships.

### PLEASE FILL OUT COMPLETELY!

Participant Name (print clearly) \_\_\_\_\_

Additional Family members & DOB \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18, parent or guardian)