



WELCOME TO THE Y!

UNIT ID _____	<input type="checkbox"/> New	<input type="checkbox"/> Add'l Member
	<input type="checkbox"/> Guest	
	<input type="checkbox"/> Nonmember Participant	
<input type="checkbox"/> Registered for Leads Program		STAFF INITIALS _____

PRIMARY NAME (LAST, FIRST) _____	D.O.B. _____	DATE _____
EMAIL _____	PHONE _____	
ADDRESS (Street, City, State, Zip) _____		

PROVIDE INFORMATION FOR ALL OTHER MEMBERS IN HOUSEHOLD	EMAIL	D.O.B.	ETHNICITY	GENDER	FREQUENT EXERCISER?
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about the YMCA? Check all that apply.

- AWAY member
- Billboard
- Community or Branch Event
- Email
- Magazine / Newspaper
- Mailing
- Medical Referral
- Member Referral (BT20 only)
- Place of Employment
- Radio
- School Flyer
- TV Commercial
- YMCA Website
- Friend/Family (Not BT20)
- Social Media (Twitter, Facebook, YouTube)

EMERGENCY CONTACT (print) _____ PHONE _____

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 YMCA 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 programs 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 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 in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA 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 due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
- 4) HEALTH ADVISORY I have read the member Health Advisory information sheet.
- 5) PHOTO / VIDEO RELEASE I grant permission to the Tampa Metropolitan Area YMCA to use photographs and videotapes taken of me for YMCA publication purposes. *Please see a YMCA Director with any special circumstances.*

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above waiver, release, and indemnification agreement

PRIMARY ADULT (print) _____ SIGNATURE _____ DATE _____

2nd ADULT (print) _____ SIGNATURE _____ DATE _____

1st CHILD'S NAME (print) _____ PARENT SIGNATURE _____

2nd CHILD'S NAME (print) _____ PARENT SIGNATURE _____

3rd CHILD'S NAME (print) _____ PARENT SIGNATURE _____

STAFF NAME _____

STAFF USE ONLY

TOUR GIVEN BY: _____ DATE: _____

GUEST PASS GIVEN? Yes No JOIN? Yes No JOIN DATE: _____

GOALS:

Lose Weight/Improve Health

Flexibility/Balance

Improve Strength

Nutrition

Reduce Stress

Spending Time with Family

Youth Sports

Swim Lessons/Aquatics

Other _____

INTERESTS: _____