FULTON COUNTY YMCA MEMBERSHIP APPLICATION



Thank you for joining our YMCA – a non-profit charitable organization since 1892.

DATE:	APPLICANT: Please print clearly.	
NAME: First	Last	MI
MAILING ADDRESS (incl. Apt. #):		
CITY:	STATE: ZIP	MEMBERSHIP TYPE
E-MAIL:	Preferred Contact Method Phone	e E-mail ADULT
PHONE: Home#	Cell#	FAMILY
EMPLOYER:	Work# Ext	SENIOR
BIRTH DATE: Mo Day Yr	AGE: GENDER: M F	YOUTH
	ly)	
ETHNICITY/RACE:	•	
EMERGENCY INFORMATION (other than	n parent/guardian listed below):	
Contact person	Phone Relati	ionship
NAME: First	USE/2ND ADULT/PARENT/GUARDIAN INFORMATION Last Last	MI
BIRTH DATE:	Gender: M F Relationsl	hip
Mo Day Yr E-MAIL:	Preferred Contact Method: Mail	Phone E-mail
PHONE: Home#	Cell#	
EMPLOYER:	Work# Ext	_
List Last Name if		
	t provide proof of residency to be included on m M/F Birth date Relationship Employer	
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The YMCA 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.

FULTON COUNTY YMCA MEMBER APPLICATION PLEASE READ AND SIGN BELOW

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 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 of any facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use 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. As a member, I understand there are policies and procedures associated with the Fulton County YMCA. I agree to abide by the Fulton County YMCA member code of conduct, organizational bylaws, and any other policies established for the benefit of the YMCA's members, program participants, and guests. I agree the YMCA may photograph or videotape me and/or my family, and the YMCA may use those photos and videos for its advertising, marketing, and promotional purposes.

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 the 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 releases 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 YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York 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 AND 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.

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.

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Member Signature:	Date:	