

# Guest Pass Application YMCA OF PIERCE AND KITSAP COUNTIES



<b>GUEST UNIT NO.</b>
-----------------------

PLEASE COMPLETE ALL NON-SHADED AREAS OF THIS FORM

FACILITY		
<input type="checkbox"/> Bremerton Family YMCA	<input type="checkbox"/> Lakewood Family YMCA	<input type="checkbox"/> Tacoma Center YMCA (Downtown)
<input type="checkbox"/> Gordon Family YMCA (Sumner)	<input type="checkbox"/> Mel Korum Family YMCA (Puyallup)	<input type="checkbox"/> Tom Taylor Family YMCA (Gig Harbor)
<input type="checkbox"/> Haselwood Family YMCA (Silverdale)	<input type="checkbox"/> Morgan Family YMCA (North Tacoma)	<input type="checkbox"/> University Y Student Center

PRIMARY GUEST INFORMATION		
NAME (FIRST M.I. LAST)	AGE	DATE OF BIRTH M M / D D / Y Y Y Y
EMAIL	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PRIMARY PHONE 
STREET ADDRESS	CITY	STATE    ZIP
DRIVER'S LICENSE NO.	LICENSING STATE	TODAY'S DATE M M / D D / Y Y Y Y
EMERGENCY CONTACT NAME	RELATION TO GUEST	EMERGENCY CONTACT PHONE 
GUEST OF (PLEASE PRINT MEMBER'S NAME)	<b>MEMBER UNIT NO.</b>	

ADDITIONAL GUESTS FROM SAME HOUSEHOLD		
NAME (GUEST 1)	RELATION TO PRIMARY	DATE OF BIRTH M M / D D / Y Y Y Y
NAME (GUEST 2)	RELATION TO PRIMARY	DATE OF BIRTH M M / D D / Y Y Y Y
NAME (GUEST 3)	RELATION TO PRIMARY	DATE OF BIRTH M M / D D / Y Y Y Y
NAME (GUEST 4)	RELATION TO PRIMARY	DATE OF BIRTH M M / D D / Y Y Y Y

**CONDITIONS OF GUEST USE AT THE YMCA OF PIERCE AND KITSAP COUNTIES ("THE Y")**

**Cell Phone/Videotaping:** Due to the advances in video equipment and telephone video technology, and for the safety of our members and guests, any and all video- and picture-capable equipment and devices may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas deemed to be "private" within the Y's facilities. The Y requests cell phone usage be reserved for the lobby or designated cell phone areas only, without exception. Text messaging and personal audio listening devices (earbuds or headphones) are permitted in exercise areas if such use does not impact personal safety or the safety of others.

**Criminal History:** The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. Applicant acknowledges it is the policy of the Y to deny membership to any individual registered as a sex offender regardless of offender level or time of conviction.

**Insurance:** Applicant understands the Y does not provide any accident or health insurance for its members or participants, and further understands it is the applicant's responsibility to provide such coverage.

**Member Conduct and Right to Use the Facility:** Applicant agrees to abide by all policies and procedures of the Y and its branches, including the member code of conduct, and understands failure to act in accordance with these rules may result in expulsion from the Y and revocation of the membership.

**Member Health:** Applicant represents that he/she is in physically sound condition and understands participation in fitness classes and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms, and fitness equipment carry a potential risk of injuries or illness. Applicant understands the Y assumes no responsibility for any such injury, illness, or death. I also hereby acknowledge my responsibility in and commit to communicating any physical and/or psychological concerns that might conflict with my participation in any activity before engaging in such activities and, if the same arise during any activity, then promptly upon experiencing such concerns.

**Membership Billing:** Any discrepancies to membership billing must be brought to the Y's attention within 90 days. The Y is not liable for any discrepancies to membership billing issues past 90 days.

**Photograph Permission:** Applicant hereby grants permission for the Y to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret the Y's programs.

**Privacy Policy:** The Y holds the privacy of its members and employees as a high priority to maintain their personal information in confidence. As an expression of the Y's commitment to protect the personal information of its members and employees, a privacy policy has been adopted by its board of directors. This policy can be found at ymcapkc.org.

**Property Loss:** Applicant understands the Y is not responsible for personal property lost, damaged, or stolen while using the Y's facilities, including parking lots and off-site locations, or participating in the Y's programs.

**Text Messages:** The Y's mobile text messages are intended for subscribers over the age of 13 and are delivered via USA short codes 99000 and 76000. You may receive **up to 4 messages per month for text alerts; message and data rates may apply.** This service is available to persons with text-capable phones subscribing to carriers including AT&T, Boost, Centennial Wireless, Cincinnati Bell, Sprint, T-Mobile®, Unicel, U.S. Cellular®, Verizon Wireless, and Virgin Mobile USA. For help, text **HELP** to 99000, email membership@ymcapkc.org, or call 253-534-7820. You may stop your mobile subscription at any time by texting **STOP** to 99000.

PLEASE COMPLETE BOTH SIDES OF THIS FORM TO ENSURE APPLICATION IS COMPLETE

## WAIVER AND RELEASE OF LIABILITY

I am aware that participation in YMCA programs and use of YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports, and other programs/activities offered by the YMCA. In consideration of, and as part payment for, the right to use YMCA facilities and participate in YMCA programs, I hold harmless, waive, and release the YMCA ("YMCA" includes its employees, volunteers, directors, officers, and agents) for damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of the YMCA and also for damages of any type arising out of my own negligence, in whole or in part.

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 risk of injuries and damages associated with my participation in YMCA programs and the use of YMCA facilities including, but not limited to, falls, slips (whether occurring while in the building, offsite as a part of a program, or anywhere else on the YMCA facilities or property, including adjacent sidewalks, access, and parking areas), contact with other participants, sudden and unforeseen malfunctioning of any equipment, instruction, training, supervision, massage, therapy, classes, or dietary recommendations, the effects of the weather and/or temperature indoor or outdoor, and all other such risks being known and appreciated by me.

This release includes foregoing any claim I may have for ordinary negligence arising out of my children's use of YMCA facilities or participation in YMCA programs. I understand that it is my responsibility to obtain a physician's release statement if my child has any physical or mental condition that may impair his or her ability to engage in any of the YMCA's programs or activities.

**I fully understand and agree I am waiving all claims I may have against the YMCA arising out of the ordinary negligent acts by the YMCA, and I agree I will not bring a lawsuit against the YMCA arising out of its ordinary negligence. If any portion of this Release is held invalid, I agree the remainder shall continue to be enforceable.**

GUEST SIGNATURE	DATE M M / D D / Y Y Y Y
ADDITIONAL GUEST SIGNATURE	DATE M M / D D / Y Y Y Y
PARENT/GUARDIAN SIGNATURE (IF GUEST UNDER AGE 18)	DATE M M / D D / Y Y Y Y

### FOR OFFICE USE ONLY

NATIONWIDE MEMBERSHIP: YMCA BRANCH	
VERIFIED BY	DATE M M / D D / Y Y Y Y
METHOD OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit Card	
NAME ON DEBIT/CREDIT CARD	AMOUNT PAID \$
ENSURE THE FOLLOWING ACTIONS ARE COMPLETED <input type="checkbox"/> Photo Taken <input type="checkbox"/> Alert Entered	STAFF INITIALS
IDENTIFICATION SCANNED/SCREENED <input type="checkbox"/> Primary Guest	DATE
<input type="checkbox"/> Guest 1	
<input type="checkbox"/> Guest 2	
<input type="checkbox"/> Guest 3	
<input type="checkbox"/> Guest 4	
	APPLICATION EXPIRATION DATE M M / D D / Y Y Y Y