For Office Use Only: ID No:				
the Sector Application YMCA Member	n for ership		Primary Bra Atrium Fami East Butler (Fairfield Far Fitton Family	ly YMCA County Family YMCA nily YMCA
DATE OF APPLICATION:	∐ New ☐ Rejo	Membership in	Hamilton Ce	•
(01) Primary Member Last Name:	Firs	st: M	I: ПМ ПР	DOB: <u>/ /</u>
Address:	Apt:	City:	State:	Zip:
Home Phone: Cell Phone	e:	E-Mail Ac	ddress:	
Employer:		Occupation:		
Emergency Contact:		Relationship:	Phone	9:
Individual Plus Dependents Family Family Payment Type: Monthly Bank Draft PROGRAM MEMBERSHIP (Do not use if you are	ches dult Household µ/Household Pl □ Credit Card	d ☐ Indiv ☐ Fam us ☐ Fam d Draft ☐ Annu Membership)	vidual Health Center ily/Household Health ily/Household Plus H al Pay	Iton Central & Middletown only Center ealth Center
Membership Type: Individual I Family/Household I Family/Household Plus				
 To help us serve you better, please fill of 1) Please help us to obtain grants by providing Ethnicity:AsianAfrican-AmericanC 2) Why are you joining the Y? Family ActivitiesConvenient Location 3) The YMCA is a volunteer-driven organization Events & many other areas. We can certain Would you like information on our volunteer opportu Best way to contact you? 	g us with your f aucasian His Meeting Peo h. We utilize vo ly use your help unities?	Ethnicity spanic/Latino Tw ple Physical Act <i>Junteers in program</i> o! Yes No	o or More Races C ivity Wellness/Heal ns like Youth Sports, H	th Volunteering Fundraising, Special

The YMCA is a family oriented organization and is committed to providing an atmosphere that is free of offensive & unlawful conduct. Registered sex offenders will be denied or expelled from YMCA membership.

PLEASE TURN TO REVERSE SIDE FOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

GREAT MIAMI VALLEY YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of 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 off-site program affiliated with the YMCA, 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 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.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED.

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 releases 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.

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 releasee or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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.

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 Ohio 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 representation, statements or inducement apart from the foregoing written agreement have been made.

NON-REFUNDABLE / NON-TRANSFERABLE MEMBERSHIP

I understand that memberships are not refundable or transferable.

STANDARDS AND POLICIES

I agree to live up to the standards and policies as outlined in the Great Miami Valley YMCA Handbook.

PHOTOGRAPHY AND VIDEO RELEASE

I grant my permission to allow pictures and/or videos to be taken of myself and/or my children to be used for the sole purpose of literature, advertisements and events for the Great Miami Valley YMCA.

MEMBERSHIP CANCELLATION

I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice from date of last draft/payment. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will pay.

SEX OFFENDERS

I understand that registered sex offenders will be denied or expelled from YMCA membership.

I HAVE READ AND AGREE TO THE ABOVE

Signature of Applicant	Co (adult) Applicant Signature	Date
Print Name	Co (adult) Applicant Signature	Date
Тм	Co (adult) Applicant Signature	Date



THE MISSION OF THE GREAT MIAMI VALLEY YMCA is to put Christian Principles into practice through programs that build healthy SPIRIT, MIND and BODY for all.