



GUEST PASS FORM

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Head of Household Information:

First Name: _____ Last Name: _____ Member ID _____

Address: _____ City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Date of Birth: _____ Area Home Phone _____

"I hereby certify that I am in normal health and capable of participating in an exercise program at the YMCA. I understand that I am responsible for monitoring my own condition throughout the exercise program. Should any unusual symptoms occur, I will cease participation and inform a YMCA staff member of the symptoms. I expressly agree that all personal exercising and use of the facility shall be undertaken at my sole risk. I hereby give permission for emergency treatment to be given to me to include first aid and CPR by a qualified YMCA staff member or coach. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed on me by my regular physician, or when that physician cannot be reached, by a licensed physician or hospital when immediately necessary or advisable by the physician to safeguard my health. In case of a minor child, as parent or guardian I waive my right to informed consent of treatment in the event that I cannot be contacted. I also give permission to be transported by ambulance or aid car to an emergency center of treatment. I agree to hold harmless the YMCA and its staff members from any and all claims, suits losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program. Also, I agree that the YMCA shall not be liable for any claims, damages or losses in regard to personal property while using the YMCA facility. And, I agree to abide by the rules, regulations, policies and procedures promulgated by YMCA directors."

Signature

Date

**MID-WILLAMETTE FAMILY YMCA
GUEST
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

In consideration of being permitted to utilize the facilities and services and to participate in the programs of the Mid-Willamette Family YMCA, I, for myself and for each of my family members listed on this application, as well as for all heirs, successors in interest and personal representative, acknowledge, agree and represent as follows: That each of us has carefully inspected and evaluated each piece of equipment, facility, service or program that we may use and have found the same to be safe and reasonable suited for the purpose of our use and participation. That each of us hereby accepts full and exclusive responsibility for any and all injuries and damages that we may suffer as the direct or indirect result or consequence of our use of any of the facilities, equipment and services of the YMCA or our participation in the programs of the YMCA; and hereby releases, waives, discharges, covenants not to sue or agrees to fully indemnify and save and hold harmless the YMCA, its directors, officers, employees and agents for injury or damage to us arising out of or in any way directly or in directly relating to such use or participation, including, but not limited to, our observation of any YMCA program or service; That neither I nor any person listed has ever been convicted of a sexual offense or registered as a sex offender in any jurisdiction; That I understand that the Mid-Willamette Family YMCA does not carry accident or health insurance and that I am participating in program activities at my own risk. That I have completely read understood and voluntarily executed this document on the date set forth by my signature on this guest pass.

Signature

Date

Participant Information:

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____ (Additional Participants on back)

Participant Information:

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Participant Information:

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Participant Information:

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Participant Information:

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Office Use Only:

Family Pass: _____ \$ _____

Youth Pass: _____ \$ _____

Senior Pass: _____ \$ _____

Adult Pass: _____ \$ _____

Young Adult Pass: _____ \$ _____

Shower Pass: _____ \$ _____