



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to the Duluth Area Family

(01) First Name _____ MI ____ Last Name _____ Birth Date ____/____/____ Gender: M / F

(02) First Name _____ MI ____ Last Name _____ Birth Date ____/____/____ Gender: M / F

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Additional Family Members:

#	First Name, Middle Initial, Last Name	Gender	Birth Date	Relationship
(03)				
(04)				
(05)				
(06)				
(07)				
(08)				
(09)				
(10)				

How did you hear about the Duluth YMCA? _____

Are there any special needs or accommodations you require to make your visit successful at the Y? If so please list:

- What areas of interest do you have?** Group Exercise Classes Cardio Strength Training
 Personal Training Basketball Martial Arts Racquetball, Handball or Squash
 Senior Programs Lap Swim Social Activities Volunteering Family Programs
 Summer Camp Preschool Programs Gymnastics Swim Lessons
 Youth Programs (under age 12) Teen Programs (ages 12+)

Conditions of Membership

Members are required to present a valid membership card for identification when using the Y. Membership to the Y is a privilege, and the Y reserves the right to cancel anyone’s membership and refund fees on a prorated basis if the Y deems such action to be in its best interests. Membership privileges and cards are not transferable.

Acceptance

I accept all provisions of membership set forth above and, understanding the Mission of the Y, hereby apply for a membership. I understand that information given to my Y is the property of the YMCA and is kept as confidential information by the Y and its representatives.

Member’s Signature _____ Date _____

Please read and sign waiver on back side of page.

Staff Use Only:

_____ Checked list
Called
Reviewed

Release and Waiver of Liability and Indemnity Agreement

DULUTH AREA FAMILY YMCA

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children 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 acknowledgment that 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 by the undersigned and such children. The Duluth Area Family YMCA may share personal information collected about members, program participants, and users of Y facilities in response to any legal issue, court summons, similar investigative demand or a request for cooperation from a law enforcement or other government agency.

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 HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all 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 or such children 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 releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releases or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA. In the circumstance of medical emergency, the undersigned permits YMCA staff to contact Emergency Medical Services (911).
- 4. THE UNDERSIGNED HEREBY PERMITS their likeness to be recorded and used by the YMCA, YMCA of the USA, and third parties collaborating with the YMCA in promotion. All such recording is the exclusive property of the YMCA and may be used for any purpose without compensation to the undersigned.

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 Minnesota 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Signature of Adult/Parent or Guardian of Minor Child

Print Name of Adult/Parent or Guardian of Minor Child

Date

Signature of Adult/Parent or Guardian of Minor Child

Print Name of Adult/Parent or Guardian of Minor Child

Date

Office Use Only...

Member ID # _____

Membership Type: Youth Young Adult Adult Single Parent Family 2-Adult Family

Kit Locker, Laundry, Towels: None Kit Locker Only Kit Locker, Laundry, Two Towels

Group: Corporate (list place of employment) _____

Assisted _____% discount Membership Assistance Expires _____

Insurance Reimbursement (list insurance company) _____

Other _____

Payment Type: Automatic Withdraw Annual Other _____

Did you go through the New Member checklist of information? Yes No

Did you fill out or have the new member fill out a Wellness Center orientation sheet?

Yes No

If they receive fitness reimbursement by their insurance, did you attach the completed insurance paperwork? Yes No NA

Staff Name: _____

Date: _____

Comments: _____