



ADULT WAIVER AND RELEASE

Name (printed): _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

I am an adult over 18 years of age and I wish to utilize the premises and facilities of the YMCA of Abilene ("YMCA") and/or participate in activities and programs sponsored or conducted by the YMCA, whether upon the premises or facilities of the YMCA or elsewhere. In addition, I grant my children permission to use the premises and facilities of the YMCA and to participate in activities or programs sponsored or conducted by the YMCA.

I understand that even when every reasonable precautions are taken, accidents, injuries, sicknesses, and diseases can sometimes occur. In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the YMCA, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, liability, death, sickness or disease incurred by myself, my family members, dependents, or guests including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. I also understand and acknowledge that neither the YMCA, nor any of the other Releasees, shall be responsible for any personal property lost or stolen while I am (or, if applicable, my children are) using its facilities or participation in any program or activity sponsored by the YMCA whether on YMCA premises or otherwise.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and hereby do release, waive and covenant not to sue Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to indemnify and hold harmless Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

I hereby give my permission for the YMCA to use, for promotion and marketing purposes, photographs, film footage, tape recordings, etc. relating to the YMCA, its facilities and programs, which may include my image or voice.

I acknowledge and understand that membership rates charged by the YMCA are subject to change upon 30 days written notice. I also understand and agree that it is my responsibility to notify the YMCA of any change in either my residence or mailing address, or my EFT (electronic funds transfer) account information within thirty (30) days of any such change.

I further acknowledge, understand and agree that I am solely responsible for my personal physical fitness or condition (and, if applicable, that of my children) and for determining whether or I am (and, if applicable, my children are) able to safely engage in physical exercise and other physical activities (including swimming) while using the facilities of the YMCA or participating in the YMCA programs.

I understand and acknowledge that the YMCA recommends that all members (and if applicable, the children of members) and other participants in the YMCA activities or programs receive medical clearance before engaging in such activity.

ACCEPTANCE

I further, acknowledge and accept the foregoing Waiver and Release as additional terms, conditions and restrictions applicable to my membership (and, if applicable, that of my family) in the YMCA of Abilene and, being in agreement with the Mission Statement of the YMCA of Abilene, hereby enroll myself (an, if applicable, my family) as a member in or of the YMCA of Abilene. I understand the YMCA of Abilene 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. I understand the YMCA of Abilene reserves the right to cancel membership if behavioral issues are observed or reported.

Signature _____

Date _____

For office use only:

Unit# _____ Note in Daxko:

Version 05.27.2020



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Abilene Registration for Nationwide Y Members and Non-Members

Date: _____ Primary Adult: _____ Gender: _____
 D.O.B: _____ Phone#: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Phone#: _____
 YMCA Branch: _____

Name: _____	Date of Birth: _____	Gender: _____
Name: _____	Date of Birth: _____	Gender: _____
Name: _____	Date of Birth: _____	Gender: _____
Name: _____	Date of Birth: _____	Gender: _____
Name: _____	Date of Birth: _____	Gender: _____

I am an adult over 18 years of age and wish to participate in YMCA of Abilene ("YMCA") activities. In addition, I give my children permission to participate in YMCA of Abilene Activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA of Abilene and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities, whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Abilene, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the YMCA of Abilene is not responsible for personal property lost or stolen while members and/or program swim participants are using the YMCA facilities or are on YMCA premises. I give permission to the YMCA of Abilene to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting YMCA Programs. By participating in the **YMCA Nationwide Membership Program**, I agree to release the National Council of Young Men's Christian Association 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 understand that anyone under the age of 13 has to be supervised by someone older than the age of 18 at all times while in the facility.

I acknowledge the waiver set forth and, being in sympathy with the Mission Statement of the YMCA of Abilene.

x _____ **x** _____
 Signature of Parent/Guardian Date Signature of Participant Date

Staff Use Only:

Guest of a YMCA Member YMCA Away Member Verified Membership Non-Member
 Guest Pass/Programs
 Guest of: _____ YMCA Branch of: _____ I.D #: _____
 Entered in Daxko: Yes or No I.D on File & Copied: Yes or NO Staff Initial: _____