



Non-Member Application

Name: _____ Male Female
 First MI Last

Birth Date: ___ / ___ / ___ Phone: _____

Address: _____ City: _____ ST: ___ Zip: _____

Email Address: _____

(Please complete only for Family Passes)

Spouse Name: _____ DOB ___ / ___ / ___ Male Female

Child's Name : _____ DOB ___ / ___ / ___ Male Female

Child's Name : _____ DOB ___ / ___ / ___ Male Female

Child's Name : _____ DOB ___ / ___ / ___ Male Female

Child's Name : _____ DOB ___ / ___ / ___ Male Female

In case of emergency contact: _____ Phone: _____

I hereby release any and all rights and claims for injuries and damages I may have against the YMCA of Steuben County, its Board of Directors, staff and any assigns.

X Signature: _____ Date: ___ / ___ / ___

DAY PASSES ARE NOT REFUNDABLE

YMCA of Steuben County, Inc.

Y MEMBERSHIP AND PROGRAM PARTICIPATION

AGREEMENT AND RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Steuben County, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge. I do hereby waive, release and forever discharge the YMCA of Steuben County, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damage resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facility or arising out of my participation in any activities in said facility. I do hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA of Steuben County, Inc. or other locations at which the YMCA of Steuben County, Inc. is performing activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Child/Children's Name _____ (Member/Participant or Guardian)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Child/Children's Name _____ (Member/Participant or Guardian)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the YMCA of Steuben County, Inc. or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have recommendations concerning these physical activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and or use of equipment or machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Child/Children's Name _____ (Member/Participant or Guardian)