



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

OFFICE USE ONLY

- Excel
- Activated

24 Hour (24/7) Access Form

Unit ID# _____ Sign Up Date: _____ Staff: _____
FOR OFFICE USE ONLY

Membership Type (Choose below):

- Family Individual Single Parent Family
 Senior Adult Senior Family

Member Information

(all fields are required)

First Name: _____ MI: _____ Last: _____

Gender: M / F Birthday: (mm/dd/yyyy) ____/____/____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Key Fob #: _____ (first fob free of charge)

Family Member Add-On

<u>Spouse/Dependent Name(s)</u> <small>(must be 18 or over)</small>	<u>Male/Female</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Key Fob #</u>

By signing below, I acknowledge that I have received a copy of the Palestine YMCA's 24 Hour Access Policies and Guidelines and understand that if I decline to follow those policies that my membership **will be terminated**. I also understand the **YMCA's Zero Tolerance Policy** on allowing people into the building after regular business hours. Camera recordings will be reviewed on a daily basis and if I am caught bringing guests in after regular business hours I **will have my YMCA membership terminated** and a fee of \$50 will be assessed to my account. I understand that I will be charged \$5.00 per month per adult on my monthly draft for those signed up for 24/7 access.

Signature _____

Date _____

PALESTINE YMCA 24-HOUR (24/7) FITNESS FLOOR ACCESS WAIVER & RELEASE FORM

Initial_____ Use of the Palestine YMCA Fitness Floor (Cardio, Weights, Wellness and Racquetball court 2 areas ONLY) outside of staffed hours of operation is for Palestine YMCA members only. Members must be at least 18 years of age, have purchased a key fob and must use their assigned key fob to gain entrance. Family members who are younger than 18 years old and on my membership cannot use my 24/7 access, even if I am present.

Initial_____ 24/7 access is available for the Palestine YMCA Fitness Floor only. Entry to the YMCA during staffed hours of operation is through the main wellness entrance in the back. 24/7 access outside of staffed hours of operation is through the same Fitness Center door on the back end of the building.

Initial_____ We HIGHLY recommend that you have an adult workout partner, who has a membership with the Palestine YMCA and has purchased a key fob, accompany you while using the YMCA 24/7 facility, but it is entirely up to you. You have agreed to purchase a membership key fob which will allow you access to the Fitness Center outside of staffed hours of operation. As such, you are aware that there will be no supervision or assistance when using these facilities outside of the YMCA's staffed hours of operation. You are also aware that if you are injured, become unconscious, suffer a stroke or heart attack, that there will likely be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should you require immediate assistance, none will be provided.

Initial_____ Because physical exercise can be strenuous and subject to risk of serious injury, the Palestine YMCA urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity, or use any YMCA amenity on the premises, you do so entirely at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. The Palestine YMCA is also not responsible for any loss of your personal property.

Initial_____ This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) your slipping and /or falling while on the Palestine YMCA premises, including adjacent sidewalks and parking areas.

Initial_____ You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the Palestine YMCA, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the Palestine YMCA for negligence, personal injury, property damage, or any loss.

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force.

Signed: _____ Dated: _____

Printed Name: _____ Date of Birth: _____