Office Use Only		
Unit ID#		
Staff Initia	l	
Verified		
Date		
Payment	Pd/ Guest Pass	

Marshall Area YMCA Participants and Guests Application

Guest sign in procedures:

1. All first time quests to our facility: your information will be put into our system and a photo will be taken. Primary Contact / Adult: First_____ (Primary Contact must be an adult age 18 or older. All quests or participants age 17 & younger recorded below in Dependent Area) Address _ Home Phone E-mail Address Relationship Phone Emergency Contact #1 (Must be someone not listed on this application) (list allergies and indicate who in the family has the allergy) Family Information (List Last Name if Different) Dependent/Children's Names M/F Birth Date Relationship 03 04



Marshall Area YMCA Code of Conduct

Using the principles of Caring, Honesty, Respect and Responsibility as a guide, we have implemented the following Code of Conduct to ensure that all who participate in the YMCA enjoy a safe, welcoming and comfortable environment. We ask individuals to behave in a manner that upholds these principles at all times when they are in our facility or participating in our programs. Specifically, actions that do not adhere to these guidelines and are not permitted include:

• Wearing YMCA deemed inappropriate attire. Attire must be appropriate, including swimsuits only in the pool area, and shoes, shorts and shirts in other areas of facility. Clothing with vulgar/profane writing or language is not allowed; Use of angry or vulgar language including swearing, name-calling, or shouting; Making physical contact with a person in any angry or threatening manner; Engaging in sexual activity or contact with another person; Harassing or intimidating by words, gestures, body language, or other menacing behavior; Stealing or destruction of property, Carrying or concealing any weapons, devices or objects which may be used as a weapon; All Y facilities, grounds and programs are alcohol, drugs and tobacco free, Any other conduct of an inappropriate, threatening or offensive nature; Refusing to adhere to staff requests, Concealed photography is prohibited within the Y, including the use of camera phones. The use of cameras and cell phones are prohibited within all locker rooms; Children under the age of 9 must be actively supervised by a parent/guardian (15 years of age or older) at all times or must be enrolled in a supervised/structured Y program.

Suspension or termination of facility privileges may result from a violation of the Code of Conduct.

Marshall Area YMCA MEMBER/CHILDREN/GUEST/PARTICIPANT RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself 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 acknowledgement 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.

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 HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned 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 releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned 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 releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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 give permission to the Marshall Area YMCA to use photographs, film footage, audio or video tape recordings which may include my, or my children's, image or voice for purposes of promoting or interpreting YMCA services to the general public.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date:	
Printed Name:	
Date of Birth:	
Signature of Applicant/Parent:	
Signature of Second Adult:	
Printed Name of Child:	DOB:/_/_