



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOMERSET COUNTY YMCA GUEST INFORMATION

Unit #: _____

Guest ages 18 and older must provide a state or government issued photo ID. Please fill out all information below. Please print.

GUEST INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: () Male () Female

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: _____ () C () H Email: _____

Preferred method of contact: () Mail () Email () Phone

I AM A GUEST OF:

Member Name: _____

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____

Relationship to Guest: _____ Phone: _____

TO BE COMPLETED BY STAFF:

Type of Picture ID: _____ Issuing State/School/Organization: _____

() Guest, 3 Annual Visits: _____
(Please list name of member and membership type)

() Try the Y Pass (7 day)

() Nationwide YMCA Member: _____
(Please call the participating YMCA while guest is at the WC.)

() Chaperone: _____
(Please list name of member)

() Special Event: _____
(Please list name of event)

() Other: _____
(Please list name of program, hotel, community partner, etc.)

Information Verified by: _____ Today's Date: ____/____/____



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SOMERSET COUNTY YMCA RELEASE AND HOLD HARMLESS AGREEMENT

ATTENTION: Please read carefully as this Agreement affects you and your family's legal rights.

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:

In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

ASSUMPTION OF RISK: I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event or program affiliated with the YMCA, without respect to location.

NATIONWIDE MEMBERSHIP: By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations 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.

MEDICAL RELEASE: In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize the YMCA affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

PHOTOGRAPHIC AND AV RELEASE: I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

OTHER: The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

PARTICIPANT

I am 18 years of age or older (or my Parent/Guardian is also a signatory herein) and have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

PARENT/GUARDIAN

(This section must be completed if the participant is under 18 or legally incapacitated)
I represent that I am the parent or legal guardian of the Participant. I acknowledge that I have read, understand and voluntarily agree to accept the terms of the above Release and Hold Harmless Agreement with respect to the above named Participant.

NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBERS: _____