

# Guest Pass Application YMCA OF PIERCE AND KITSAP COUNTIES



PLEASE COMPLETE ALL NON-SHADED AREAS OF THIS FORM

TODAY'S DATE (MM/DD/YYYY)		IS THIS YOUR FIRST VISIT TO THIS Y? <input type="checkbox"/> Yes <input type="checkbox"/> No		GUEST UNIT NO.	
<b>ADULT GUEST   PARENT/GUARDIAN INFORMATION (IF GUEST UNDER 18)</b>					
FULL NAME (FIRST M.I. LAST)			AGE		DATE OF BIRTH (MM/DD/YYYY)
EMAIL			GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PRIMARY PHONE 
STREET ADDRESS			CITY		STATE   ZIP 
EMERGENCY CONTACT NAME			RELATION TO GUEST		EMERGENCY CONTACT PHONE 
GUEST OF (PLEASE PRINT MEMBER'S NAME)			MEMBER UNIT NO.		
<b>ADDITIONAL GUESTS FROM SAME HOUSEHOLD   YOUTH INFORMATION</b>					
NAME (GUEST 1)			RELATION TO PRIMARY		DATE OF BIRTH (MM/DD/YYYY)
NAME (GUEST 2)			RELATION TO PRIMARY		DATE OF BIRTH (MM/DD/YYYY)
NAME (GUEST 3)			RELATION TO PRIMARY		DATE OF BIRTH (MM/DD/YYYY)
NAME (GUEST 4)			RELATION TO PRIMARY		DATE OF BIRTH (MM/DD/YYYY)
NAME (GUEST 5)			RELATION TO PRIMARY		DATE OF BIRTH (MM/DD/YYYY)
<b>CONDITIONS OF GUEST USE AT THE YMCA OF PIERCE AND KITSAP COUNTIES ("THE Y")</b>					
<p><b>Cell Phone/Videotaping:</b> Due to the advances in video equipment and telephone video technology, and for the safety of our members and guests, any and all video- and picture-capable equipment and devices may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas deemed to be "private" within the Y's facilities. The Y requests cell phone usage be reserved for the lobby or designated cell phone areas only, without exception. Text messaging and personal audio listening devices (earbuds or headphones) are permitted in exercise areas if such use does not impact personal safety or the safety of others.</p> <p><b>Criminal History:</b> The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. Applicant acknowledges it is the policy of the Y to deny membership to any individual registered as a sex offender regardless of offender level or time of conviction.</p> <p><b>Insurance:</b> Applicant understands the Y does not provide any accident or health insurance for its members or participants, and further understands it is the applicant's responsibility to provide such coverage.</p> <p><b>Member Conduct and Right to Use the Facility:</b> Applicant agrees to abide by all policies and procedures of the Y and its branches, including the member code of conduct, and understands failure to act in accordance with these rules may result in expulsion from the Y and revocation of the membership.</p> <p><b>Member Health:</b> Applicant represents that he/she is in physically sound condition and understands participation in fitness classes and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms, and fitness equipment carry a potential risk of injuries or illness. Applicant understands the Y assumes no responsibility for any such injury, illness, or death. I also hereby acknowledge my responsibility in and commit to communicating any physical and/or psychological concerns that might conflict with my participation in any activity before engaging in such activities and, if the same arise during any activity, then promptly upon experiencing such concerns.</p> <p><b>Membership Billing:</b> Any discrepancies to membership billing must be brought to the Y's attention within 90 days. The Y is not liable for any discrepancies to membership billing issues past 90 days.</p> <p><b>Photograph Permission:</b> Applicant hereby grants permission for the Y to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret the Y's programs.</p> <p><b>Privacy Policy:</b> The Y holds the privacy of its members and employees as a high priority to maintain their personal information in confidence. As an expression of the Y's commitment to protect the personal information of its members and employees, a privacy statement has been adopted.</p> <p><b>Property Loss:</b> Applicant understands the Y is not responsible for personal property lost, damaged, or stolen while using the Y's facilities, including parking lots and off-site locations, or participating in the Y's programs.</p> <p><b>Third-Party Vendors:</b> Limited member information may be shared with third-party vendors who have contracted with the YMCA to provide services for the YMCA's members/participants enrolled in certain programs or activities at the YMCA. Please contact your local YMCA membership director if you wish to opt out.</p> <p><b>Our full privacy statement can be found at <a href="https://www.ymapkc.org/privacy">https://www.ymapkc.org/privacy</a></b></p>					

**PLEASE SIGN BACK SIDE OF THIS FORM TO COMPLETE THE APPLICATION**

**WAIVER AND RELEASE OF LIABILITY**

I am aware that participation in YMCA programs and use of YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports, and other programs/activities offered by the YMCA. In consideration of, and as part payment for, the right to use YMCA facilities and participate in YMCA programs, I hold harmless, waive, and release the YMCA ("YMCA" includes its employees, volunteers, directors, officers, and agents) for damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of the YMCA and also for damages of any type arising out of my own negligence, in whole or in part. 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.

I assume all risk of injuries and damages associated with my participation in YMCA programs and the use of YMCA facilities including, but not limited to, falls, slips (whether occurring while in the building, offsite as a part of a program, or anywhere else on the YMCA facilities or property, including adjacent sidewalks, access, and parking areas), contact with other participants, sudden and unforeseen malfunctioning of any equipment, instruction, training, supervision, massage, therapy, classes, or dietary recommendations, the effects of the weather and/or temperature indoor or outdoor, and all other such risks being known and appreciated by me.

This release includes foregoing any claim I may have for ordinary negligence arising out of my children's use of YMCA facilities or participation in YMCA programs. I understand that it is my responsibility to obtain a physician's release statement if my child has any physical or mental condition that may impair his or her ability to engage in any of the YMCA's programs or activities.

**I fully understand and agree I am waiving all claims I may have against the YMCA arising out of the ordinary negligent acts by the YMCA, and I agree I will not bring a lawsuit against the YMCA arising out of its ordinary negligence. If any portion of this Release is held invalid, I agree the remainder shall continue to be enforceable.**

GUEST SIGNATURE	DATE (MM/DD/YYYY)
ADDITIONAL GUEST SIGNATURE	DATE (MM/DD/YYYY)
PARENT/GUARDIAN SIGNATURE (IF GUEST UNDER AGE 18)	DATE (MM/DD/YYYY)

**FOR OFFICE USE ONLY**

NATIONWIDE MEMBERSHIP: YMCA BRANCH

VERIFIED BY	DATE
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ACTIONS	ID SCANNED/SCREENED	PHOTO TAKEN	ALERT
Guest 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION EXPIRATION DATE
INITIAL AND DATE