

Guest Waiver YMCA OF PIERCE AND KITSAP COUNTIES



PLEASE COMPLETE ALL NON-SHADED AREAS OF THIS FORM

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

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.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY, AND BY SIGNING BELOW, I APPROVE THE AGREEMENT.

TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS

ADDITIONAL SIGNATURE SPACE ON BACK

Guest Waiver (CONTINUED)

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY, AND BY SIGNING BELOW, I APPROVE THE AGREEMENT.				
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS
TODAY'S DATE M M D D Y Y Y Y	GUEST SIGNATURE	PRINTED GUEST NAME		TIME
DATE OF BIRTH (REQUIRED) M M D D Y Y Y Y	IDENTIFICATION (STAFF PLEASE VERIFY)	STATE	PHONE	STAFF INITIALS