



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Day Pass – Week Pass – Month Pass

| | | | | | | | |
|---|---------------------------|------------------------|-------------------------|---------------------------|------------------|---------------|--|
| <i>membership type (circle one)</i> | Youth To age 18 | College (w/ ID) | Adult over 18 | Senior (60 and up) | SP Family | Family | Amount Paid \$ Dates Used |
| Name _____ | | | | | | | |
| Address _____ | | | | | | | |
| City/Town _____ State _____ Zip Code _____ | | | | | | | |
| <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth _____ Home Telephone _____ | | | | | | | |
| Employer _____ Work Telephone _____ E-Mail _____ | | | | | | | |
| Emergency Contact _____ Emergency Telephone _____ | | | | | | | |

Participation Agreement, Medical Authorization, Release and Waiver of Liability

I, _____, desire to voluntarily participate in physical activities at the Waldo County YMCA.

Participation Agreement

The YMCA of the USA has instituted the following Core Values: **Caring, Honesty, Respect and Responsibility**
It is the intention of the Waldo County YMCA to integrate these core values into our programs and activities. All persons, regardless of age, agree that by becoming members or participating in Waldo County YMCA activities, they shall abide by all of the bylaws, rules, and regulations of the Waldo County YMCA however and whenever promulgated. I agree that my participation in Waldo County YMCA activities, whether by membership, or other use, may be terminated for reasons stated in the Waldo County YMCA by-laws, rules, and/or regulations.

Medical Authorization

With my signature below, I authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first aid procedures that are necessary in the judgment of the Waldo County YMCA. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

Release and Waiver of Liability

I understand that a minimum level of physical fitness is required to participate in these activities and that participation in various physical activities can expose an individual to the risk of serious injury and/or the development of a physical condition, which could result in a serious injury or death.

I appreciate the character of the risks involved with physical activity and exercise. In accepting these risks, I expressly and explicitly release, discharge, and waive any and all responsibility of the Waldo County YMCA and its employees and volunteers of any and all of the foregoing, pursuant to, pertaining to or related to, arising from, in any manner, personal or property damages which might arise from my participation in physical or nonphysical Waldo County YMCA activities.

I HAVE READ THIS PARTICIPATION AGREEMENT, MEDICAL AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY, AND I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND CONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Week/Day/Month Participant Signature _____ Date _____

Parent/Guardian Signature (if participant is under age 18) _____

WALDO COUNTY YMCA

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The Waldo County YMCA is a 501 (c)(3) Charitable Organization

e-mail: membership@waldocountyyymca.org