



Membership Application Page 1 (please complete and sign both sides)

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, 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 programs 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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS 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 undersign, whether caused by 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, without respect to location.

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.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE 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 forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

√ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

√ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

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 Have Read This Release PLEASE PRINT

Date: _____

Signature of Applicant: _____
Parent/Guardian Signature Necessary if participant is under age 18

Print Name: _____

Have you or anyone else included on this membership ever been convicted of a felony offense? [] Yes [] No
If 'yes', please provide specifics (i.e. offense(s), date of conviction(s), etc.).



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Application Page 2 (please complete both sides)

| | | |
|-------------------------------------|-------------------------------------|---------------------------|
| 01- | <i>Annual or Three-Month</i> | (Staff Initials) |
| Youth | College (w/ ID) | Adult |
| | | Senior (60 and up) |
| | | SP Family |
| | | Family |
| <i>membership type (circle one)</i> | | |

Applicant's Name 01/ _____

Address _____

City/Town _____ State _____ Zip Code _____

M F Date of Birth _____ Home Telephone _____

Employer _____ Work Telephone _____ E-Mail _____

Emergency Contact _____ Emergency Telephone _____

(If family membership) Eligible members to be included in this membership.

| | <u>Name(s) of Family Members</u> | <u>Date of Birth</u> | <u>M/F</u> |
|----------|----------------------------------|----------------------|------------|
| 02/adult | _____ | _____ | _____ |
| 03/child | _____ | _____ | _____ |
| 04/child | _____ | _____ | _____ |
| 05/child | _____ | _____ | _____ |
| 06/child | _____ | _____ | _____ |
| 07/child | _____ | _____ | _____ |

Paid With Application

| | | | | |
|-------------------|---|-------------------|---|-------------------|
| \$ | + | \$ | = | \$ |
| | | | | |
| <i>membership</i> | | <i>joiner fee</i> | | <i>total paid</i> |

| | | |
|-------------------------------|-------|--------|
| CASH | CHECK | CREDIT |
| | | CARD |
| <i>today's payment method</i> | | |

Member Signature _____ Date _____

My signature above acknowledges the following:

- 1.) Membership fees are neither refundable nor transferable.
- 2.) The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- 3.) The Waldo County YMCA may, at their discretion, adjust the membership rate applicable to my category of membership. The YMCA will post rate adjustments four weeks prior to any such change.
- 4.) It is to my complete understanding that if I wish to terminate my membership or change my membership in any way, I must provide the Waldo County YMCA a 30-day written notice.

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

WALDO COUNTY YMCA

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207.338.4598 WWW.WALDOCOUNTYYMCA.ORG
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membership@waldocountyyymca.org