



# KV YMCA Membership Application

Today's Date	Membership Type	Search Daxko	Check NSOR	ID Checked	Home Branch
					AUG MAN

Unit # \_\_\_\_\_ Tag # \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: M F

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Are there any other names (Including maiden) that you have been known by? \_\_\_\_\_

### Contact Info:

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Emergency Contact:

\_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to primary member: \_\_\_\_\_

### Spouse/Significant Other:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M F

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

### Dependents:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M F

### Billing Info:

Please initial box  I understand that there is a 3 month draft minimum and a 15 day cancellation policy.

I \_\_\_\_\_ authorize my bank to make payment by the method indicated below and post it to my KVYMCA account.

1. Amount of payment: \$ \_\_\_\_\_

2. Monthly /Draft date: 1st 15th Quarterly Semi Annual Annual

3. Visa Mastercard Discover Am. Exp Savings Checking

Routing # \_\_\_\_\_ Account/Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

You the buyer may cancel this agreement by written notification 15 days prior to draft date.

The KV YMCA reserves the right to adjust membership fees with 30 days written notice.

Donation: I would like to add a monthly donation to the KV YMCA Strong Kids Campaign

One-time \$ \_\_\_\_\_ \$1 \_\_\_\_\_ \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kennebec Valley YMCA Liability Release Waiver**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE KENNEBEC VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

**Assumption of Risk**

I acknowledge and agree that any use of the Kennebec Valley YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Kennebec Valley YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the Kennebec Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and all additional minors listed below, and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Adult Member Name (Print)	Adult Member Signature/ Date
Minor Name	Minor Name

**Photo/ Video Waiver:**

I grant permission to KVYMCA to use my and any previously listed minors' photo and video on its website and in publications, and I acknowledge KVYMCA's right to crop or treat the photo and video at its discretion. I also understand that once my/our image is posted on KVYMCA's website, the image can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless KVYMCA from claim therefrom.

Adult Member Name (Print)	Adult Member Signature/ Date
---------------------------	------------------------------

**To Help Us Provide A Safe and Welcoming Environment, Please Answer the Following Questions**

Have you or anyone listed on this application ever been convicted of a sexual offense?	Y	N
Have you or anyone listed on this registration ever been convicted of a crime other than a traffic violation?	Y	N

If yes, Please describe the type of crime and date of conviction. You may be contacted by a YMCA representative before your registration is process.

\_\_\_\_\_

\_\_\_\_\_

I have read and understand all of the above and fully agree with all of its terms. I hereby sign that all the information provided by myself is accurate and true in its entirety.

Member Name (Print)	Member Signature/ Date
---------------------	------------------------