



OF NORTHWEST NORTH CAROLINA

We build strong kids, strong families, strong communities.

Membership Application (List Responsible Payee 1st)

First Name _____ MI _____ Last Name _____ Mr. Mrs. Ms. DOB ____/____/____

Home Address _____ Apt. # _____ Gender M F

City _____ State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Mobile _____ E-mail _____ Membership Card # _____

Emergency or Parent Contact Name _____ Phone _____

Spouse: _____ Gender _____ Card # _____

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

Children:

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

First Name _____ MI _____ Last _____ DOB ____/____/____ M F _____

How did you hear about the YMCA? TV Radio Newspaper Friend (Friends Name) _____
 Previous Tour Other _____

Name on Bank Account _____ Name of Bank _____

Bank Route/Transit Number _____ Account Number _____

Circle Day of Withdrawal: 1st 15th Date of First Withdrawal ____/____/____ Amount of Draft _____

- 1) I understand that authorization is to remain in full force, and if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice.
- 2) The YMCA Board of Directors may, at it's discretion, adjust the monthly rate applicable to my category of membership.
- 3) Should my membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment and any fees that are applicable.
- 4) Any YMCA of NWNK membership may be declined or terminated for violation of the YMCA Code of Conduct, the Sex Offender Policy, violation of policies and procedures of the YMCA, or any other cause.
- 5) **SATISFACTION GUARANTEE: The YMCA of Northwest North Carolina will give a full refund if a member is not completely satisfied within 30 days of joining including their New Member Fee.**
- 6) **For your convenience, we are using a third party to assist in the collection of returned checks and bank drafts. If your check or draft is returned for any reason, your checking or savings account will be debited electronically for the amount of the check or draft plus a processing fee.**

Signature: _____ Date: ____/____/____

Branch # _____ Type _____ Join Date ____/____/____ Corp Name _____

Payment Method: BD 1yr 6mths 3mths MC VISA Discover AE Check #: _____ Cash _____

Dues _____ Locker _____ Open Doors _____ % IBRS _____ %

Join Fee: Full _____ 1/2 _____ 1/3 _____ Total \$ _____ Receipt # _____ Staff Initials _____

**YMCA of Northwest North Carolina
RELEASE and WAIVER of LIABILITY
and INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Northwest North Carolina (hereafter "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 acknowledgment 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.

The YMCA prohibits membership by persons required to register in the North Carolina Sex Offender and Public Protection Registry.

All still and video photography taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership is property of the YMCA.

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:

1. 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 undersigned, whether caused by the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. 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 whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise 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 North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

I HAVE READ THIS RELEASE

____ / ____ / ____
Date

Participant's Signature

____ / ____ / ____
Date

Parent's or Guardian's Signature
(if participant is legally a minor)

**RELEASE from INDEMNITY
FITNESS and EXERCISE ORIENTATION**

I have been offered and urged to attend an equipment orientation at the YMCA of Northwest North Carolina before using any equipment or beginning any exercise. I have been urged to consult with my physician for a physical to determine any health risks associated with my exercising.

I desire to voluntarily waive an equipment orientation at the YMCA of Northwest North Carolina and to waive any explanations concerning the risks of use of the equipment or of my exercising. I understand that the exercise will place an increasing workload on my cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light-headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the Welcome Center attendant.

I certify that I have no physical condition which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the Fitness Center.

In consideration for being allowed to participate in the YMCA of Northwest North Carolina exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the YMCA of Northwest North Carolina and its staff members from any and all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising therefrom.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program, and that I do not want further information. All the questions I have concerning the exercise program or the equipment have been answered to my satisfaction.

Printed Name of Participant

Signature of Participant

Signature of YMCA Staff Witness

____ / ____ / ____
Date

____ / ____ / ____
Date

