



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Last Name: _____

OFFICE USE ONLY: staff initials _____
Date: ___/___/___ Draft: 1st or 15th Monthly: \$
Quarterly: Semi-Annual: Annual:
Joining Fee: \$ _____
Membership # _____ Membership Category: _____

MEMBERSHIP APPLICATION

Primary Member

Name First: _____ Middle: _____ Last: _____
Birthday: _____ **Gender:** _____ **Ethnicity:** _____
Phone: (_____) _____ - _____ **Mobile:** (_____) _____ - _____
Employer: _____
Email Address: _____
Emergency contact name: _____ **Emergency phone:** (_____) _____ - _____
Physician: _____ **Physician Phone:** (_____) _____ - _____
Marital Status: Single Married
Household Address Street: _____ Apt #: _____
 City: _____ Zip Code: _____

ADDITIONAL ADULT INFORMATION *

Name First: _____ Middle: _____ Last: _____
Birthday: _____ **Gender:** _____ **Ethnicity:** _____
Phone: (_____) _____ - _____ **Mobile:** (_____) _____ - _____
Email Address: _____ **Marital Status:** Single Married

Additional Members

Other household Member names	Sex	Birthdate	Ethnicity	School/Employer

* All household members must provide proof of address. (Valid driver's license or state issued id)

<p>Household Income</p> <p><input type="checkbox"/> \$0 - \$14,999</p> <p><input type="checkbox"/> \$15,000 - \$24,999</p> <p><input type="checkbox"/> \$25,000 - \$34,999</p> <p><input type="checkbox"/> \$35,000 - \$49,999</p> <p><input type="checkbox"/> \$50,000 - \$74,999</p> <p><input type="checkbox"/> \$75,000 - over</p>	<p>AREAS OF INTEREST</p> <p><input type="checkbox"/> Boot Camp <input type="checkbox"/> Swim Team</p> <p><input type="checkbox"/> Family Activities <input type="checkbox"/> Lifeguard Training</p> <p><input type="checkbox"/> Strength Training <input type="checkbox"/> CPR/First Aid</p> <p><input type="checkbox"/> Fitness <input type="checkbox"/> Aerobics</p> <p><input type="checkbox"/> Weight Management <input type="checkbox"/> Running / Jogging</p> <p><input type="checkbox"/> Basketball <input type="checkbox"/> Day Camp</p> <p><input type="checkbox"/> Volleyball <input type="checkbox"/> Children's Programs</p> <p><input type="checkbox"/> Youth Sports <input type="checkbox"/> After School Programs</p> <p><input type="checkbox"/> Swimming Lessons <input type="checkbox"/> Teen Programs</p> <p><input type="checkbox"/> Water Exercise <input type="checkbox"/> Pickleball</p> <p><input type="checkbox"/> Master Swim</p>	<p>HOW DID YOU HEAR ABOUT US?</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> TV</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Brochure</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Special Event</p> <p><input type="checkbox"/> Other: _____</p>	<p>Have you ever had a membership or registered for a program at any YMCA of Metropolitan Columbus? YES ___ NO ___ If yes, which branch and under what name?</p> <hr/> <p>ADDITIONAL SERVICE FEES</p> <p><input type="checkbox"/> Locker # _____</p> <p>Combination ___ / ___ / ___</p> <p><input type="checkbox"/> Towels</p>
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YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Financial Assistance: The YMCA seeks to make its services available to all persons. Contact the Membership Department for more information.

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENT

Members have the option of drafting from a checking account or a credit or debit card. Please provide your correct banking information below:

Option 1: Draft from a Checking Account (A voided check is required)

NAME OF BANK CUSTOMER	BANK ROUTING AND ACCOUNT NUMBERS
	Routing Number: _____
	Account Number: _____

Option 2: Draft from Credit or Debit Card

NAME AS IT APPEARS ON CARD	CREDIT CARD NUMBER AND EXPIRATION DATE
	Last 4 Digits of Card Number Card Expiration Date: <div style="display: flex; justify-content: space-around; align-items: center;"> □□□□ □□ / □□ </div>
	Circle type of card: Master Card Visa Discover American Express

Circle Draft Date: 1st or 15th

I have given the authority to _____ (financial institution) to honor preauthorized checks/ debit or credit card drawn by YMCA of Metropolitan Columbus, GA for membership payments as indicated on my application. It is understood that your sending of a preauthorized checks/ debit or credit card to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the checks/ debit or credit card by charging my account, such checks/ debit or credit card shall constitute my receipt for the payment. Should any preauthorized checks/ debit or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge.

**MEMBERSHIP FEES SUBJECT TO CHANGE WITH A 30 DAY NOTICE TO MEMBER. **

X _____

SIGNATURE OF BANK DEPOSITOR (AS SHOWN ON BANK/CARD RECORDS) _____ DATE _____

WAIVER

- The YMCA of Metropolitan Columbus will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Certain risks are inherent during participation in these events.
- The YMCA of Metropolitan Columbus will not be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are not on the YMCA premises. I, the undersigned for myself, my heirs and assigns, do hereby release the YMCA of Metropolitan Columbus and its branches, employees and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my participation. I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to YMCA the unrestricted right to use and publish photographic images of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

PLEASE INITIAL NEXT TO EACH ITEM:

- _____ (INITIAL) If your check/EFT/Credit (Debit Card) is returned for insufficient funds, we reserve the right to resubmit the item in an electronic format for the original amount, plus a \$30 service charge fee.
- _____ (INITIAL) For any applicant utilizing another party's check/EFT/Credit (Debit Card), the account holder must be present and provide a valid state id/driver's license at the time of registering.
- _____ (INITIAL) I assume the responsibility of keeping all Banking Account/Credit/Debit card updated at all times.
- _____ (INITIAL) All membership categories must provide proof of address. (Valid State I.D/ License accepted)
- _____ (INITIAL) I understand that joining fees and payments for all membership categories are non-refundable.
- _____ (INITIAL) I understand that if I terminate my membership, and do not rejoin within 60 days, I must pay a new joining fee.
- _____ (INITIAL) I understand and agree that Bank Draft and a la carte programs do not have an expiration date.
- _____ (INITIAL) I understand that in order to terminate my membership, I must provide a 30 day written notice. I understand that my account will remain active through the 30 days and that I will incur another payment during this 30 day period. (Cancellation forms may be obtained at the YMCA branch).

*If participant is younger than 18 years of age, an authorized guardian must also sign.

SIGNATURE OF MEMBER/PARTICIPANT: _____ DATE ____ / ____ / ____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE ____ / ____ / ____

NAME OF PARENT/GUARDIAN (PRINT): _____ PHONE: _____

The YMCA of Metropolitan Columbus, GA
Informed Consent Agreement

Thank you for choosing to use the facilities, services, or programs of the YMCA of Metropolitan Columbus, Georgia. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, the undersigned, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the YMCA and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered, are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choice to use or apply, at my own risk, any portion of the information or instruction I receive. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the YMCA brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use. I am also aware that if I have a past injury, illness or condition, or present illness, injury, condition, or if I am currently pregnant, participating in such activities may be more dangerous to my health and potentially the health of others. However, I understand and fully accept such risks and I will provide a doctor's note for clearing me to participate in activities should such doctor's note be requested by the YMCA.

I further understand that the activity, program, and services offered by the YMCA are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not dually licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in activities, facilities, programs, and services offered by the YMCA I may experience potential health risks including but not limited to transient light-headedness, fainting, abnormal blood pressure, chest-discomfort, leg cramps, and nausea. By voluntarily engaging in any activity, facility, program, and services offered by the YMCA, I am willfully assuming the listed risks and any and all other risks, dangers, or complications associated with same activity, facility, program, or service. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and/or immediately after my participation. I understand that if there is no supervisor on the premises, I need to stop or delay my participation in any activity or procedure and use my own judgment to determine if any further action is required. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the YMCA at any time before, during, or after my participation.

The undersigned agrees to abide by the rules of the YMCA. In addition, the undersigned agrees that all use of the YMCA shall be undertaken at his/her sole risk, and that the YMCA shall not be liable for any injury to him/her, damage to his/her property, or be subject to any claim, demand, or lawsuit, including without limitations, any and all injuries or damages whatsoever, resulting from acts of alleged negligence of any kind on the part of the YMCA, its agents, employees, directors, board of directors, administrators, volunteer staff, governing body, or affiliates. The undersigned on behalf of himself/herself and on behalf of his/her executors, and indemnify the YMCA, its agents, employees, directors, board of directors, administrators, medical staff, governing body, or affiliates for any and all such claims, demands, injuries, damages, actions or lawsuits.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety. This agreement shall be binding upon me, my next of kin, my heirs, and my estate.

If any portion of this agreement is deemed to be unenforceable, each and every other portion of the agreement will remain in full force and effect. Should any dispute regarding this agreement arise, the laws of the State of Georgia shall apply.

*If participant is younger than 18 years of age, an authorized guardian must also sign.

**Activity _____ YMCA Membership _____

Date ____/____/____

Signature of participant

Date ____/____/____

Parent/ Guardian/ Primary on account

Date ____/____/____

YMCA Staff

Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY

BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING YMCA OF METROPOLITAN COLUMBUS, GEORGIA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I acknowledge and agree that any use of YMCA of Metropolitan Columbus, GA facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Metropolitan Columbus, GA 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 including, without limitation, COVID-19. 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 YMCA of Metropolitan Columbus, GA, 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 any 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.

SIGNATURE OF MEMBER: _____ DATE ____ / ____ / ____



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NATIONWIDE MEMBERSHIP WAIVER Signature is required to activate membership.

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.

SIGNATURE OF MEMBER: _____

DATE ____ / ____ / ____

THE "WHEEL DEAL" BIKE RENTAL AGREEMENT AND WAIVER FORM

You will be using this recreational equipment at your own risk and hereby release the YMCA of Metropolitan Columbus, GA and all locations, all employees, all Directors and all Agents from all liability, claims, damages and actions for loss, damage, or injury to person including death. This release is binding upon you, your heirs, next of kin, and legal representatives.

You agree to be personally liable and responsible for paying any claims which arise as a result of the use of any bicycle including but not limited to any claims for personal injury, any claims for property damage to any bicycle or to other property, any claims for loss of any bicycle, or loss to use of any bicycle by you or any person you allow the use of the bicycle or equipment. You further authorize the YMCA of Metropolitan Columbus, GA to bill any such charges or cost to your credit (debit) card / membership account at the YMCA of Metropolitan Columbus, GA as is reasonable and appropriate.

You agree to return the bike in the condition it was rented. This includes the cleanliness of the bike. Bikes returned that are excessively muddy and dirty will be charged a \$10 cleaning fee. You have the option of cleaning the bike yourself at the back of the building, at no additional charge; please ask the front desk staff for assistance if needed

Basics for Rental Equipment

- Renters are responsible for replacement value of lost, stolen, or damaged bikes and equipment
- No rain checks are offered or honored
- Helmets are required by Georgia state law for all persons aged 16 and under, and Fort Benning requires helmets and photo ID to ride on the post. Bike helmets are required in order to rent bikes and as such a waiver of the helmet is prohibited.
- Children riding in any form of child carrier must not exceed 40 pounds and 36 inches in height.
- Riders under the age of 16 must be accompanied by an adult.
- Rider must be at least 16 years old to operate a bike pulling a child in a carrier or riding on a trailer bike.
- Children riding on trailer bikes must not exceed 65 pounds.
- Renters may not make any modifications, such as adding personal trailers or accessories, to any rental bike unless approved and overseen by the YMCA of Metropolitan Columbus, GA.
- Bike rentals are free of charge and for members only. Bikes are rented for maximum of two (2) hours per rental. This allows bikes to be available for other members.
- Bikes can be rented while the facility is open, up until two (2) hours before close (subject to change). Bikes must be returned one (1) hour before the facility closes.

SIGNATURE OF MEMBER: _____

DATE ____ / ____ / ____

FITNESS CENTER GUIDELINES

- Only closed-toe, athletic shoes are allowed. No open-toes shoes, sandals, or high heels are permitted.
- **No children under the age of 12 are permitted on the weight room floor;** children ages 13-14 MUST be within arm's reach of an adult while using equipment. Youth ages 15+ may use the facility freely.
- Please wipe off equipment after each use. Disinfectant wipes are available throughout the facility for your convenience.
- All equipment must be kept and used in the designated areas. Please do not relocate equipment to other areas of the facility.
- It is your responsibility to re-rack all dumbbells, weight plates, loaded bars, or other equipment that you use.
- Absolutely no dropping or slamming of dumbbells, weight plates, or loaded bars onto the floor.
- Please report any broken equipment or maintenance issues to a YMCA staff member.
- No food or open drink containers permitted. Please use water bottles made of non-breakable material.
- Please be courteous to others waiting to use the equipment; alternate sets and/or limit time used on equipment and machines.
- **The YMCA does not permit personal training by anyone other than a certified staff member. Only certified YMCA staff can provide instruction on exercise technique and workouts.**

SIGNATURE OF MEMBER: _____

DATE ____ / ____ / ____