Office Use Only:

Payment Method:
❑ Draft
❑ Annual Pay
❑ Invoice

Primary Member Name _____ UID# _____

FRANKLIN COUNTY'S YMCA MEMBERSHIP AGREEMENT & WAIVER OF LIABILITY

INDEMNITY

I understand that the Franklin County's Y (FCY hereafter), its Officers, Directors, Employees, and Independent Contracting Staff, assume no responsibility for injuries or illnesses which I, or those on my membership, may sustain as a result of physical condition or which may occur upon the premises of FCY prior to, during, while participating in, or subsequent to any Y activity, and hereby release and discharge FCY from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities.

I further waive, release, absolve, indemnify and agree to hold harmless FCY and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of FCY property and/or my participation/my child's participation in any FCY activities.

I understand that FCY is not responsible, nor liable for personal property lost or stolen while members, program participants and/or guests are using the Y facilities or on Y premises. I hereby discharge, release and waive FCY from any and all irresponsibility in connection therewith.

NATIONWIDE 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.

CODE OF CONDUCT

I acknowledge I have read, understand and will comply with FCY's Code of Conduct, found at the Welcome Center or online.

1. Participant Name (print clearly) _____ DOB _____

2. Participant Name (print clearly) _____ DOB _____

3. Participant Name (print clearly) _____ DOB _____

4. Participant Name (print clearly) _____ DOB _____

5. Participant Name (print clearly) _____ DOB _____

6. Participant Name (print clearly) _____ DOB _____

Participant Signature _____ Date _____
(if under 18, parent or guardian)