



Office Use Only:

Payment Method:

Member Name

UID#

DOB

☐ Draft

☐ Annual Pay

☐ Invoice

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.

Participant Name (print clearly) _____

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

FINANCIAL AGREEMENT

I hereby authorize Franklin County's Y to invoice and/or charge my bank/credit card account for **recurring monthly** YMCA dues. I understand that my dues will be drafted on the **15th of the month**. I understand that if my payment is returned for non payment, my membership will be terminated.

I understand this is a **continuous membership plan** and my membership dues are **non-refundable**. This includes unused portions of prepaid memberships. It is my understanding that if I wish to terminate my membership **prior** to the next billing cycle, I can do so by logging into my account at www.your-y.org. Members will not be able to terminate a membership online if there are outstanding fees. If requesting to cancel your membership in-person or over the phone, please do so by the **9th of the month**, FCY can not guarantee cancellations after this point. These requests are processed manually and time is needed to make edits to insure no additional fees are incurred.

I understand that, to keep pace with the cost of maintaining FCY facilities, staff salaries, and other operational expenses over time, FCY may occasionally **adjust the monthly rate it charges** for my membership. I agree to such future increases to my membership rate, understanding that I will receive at **least 30 days notice**, allowing sufficient time to make changes to my membership, if I so choose, before the new rate goes into effect.

I understand and accept the terms of the Membership Agreement above.

Participant Name (print clearly) _____

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