



PARTICIPATION WAIVER

In order to participate in any program run by the YMCA of Northern Michigan, the below information must be on file at the YNM office. Please fill out one form per household and be sure to completely fill out the form - if any part of the form is left blank, we will be unable to accept registrations until it is complete. Once the form is on file, you are welcome to register for programs.

If you have any questions, please get in touch with the YNM office by calling 231-348-8393.

MEMBER INFORMATION

ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	⚠️ Emergency Contact
	🏠 Street Address		City	State	Zip	☎️ Primary Phone #	⚠️📞 Emergency Phone #
	✉️ Email (we need this to let you know about all the great things going on!)			🏢 Employer		👥 Relation	
ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	⚠️ Emergency Contact
	🏠 Street Address		City	State	Zip	☎️ Primary Phone #	⚠️📞 Emergency Phone #
	✉️ Email (we need this to let you know about all the great things going on!)			🏢 Employer		👥 Relation	
D E P E N D E N T S	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	

WHAT ARE YOU INTERESTED IN? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Family Recreation |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Becoming a board member |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Community Programming |
| <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Other |

PREFERRED CONTACT METHOD

- Text** (you will be added to our Text Reminders)
Preferred Phone Number _____
- Email**
Preferred Email Address _____
- Phone Calls**
Preferred Phone Number _____

HOW DID YOU HEAR ABOUT US? (Select all that apply)

- | | | | | |
|--|-----------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> From a member | <input type="checkbox"/> Facebook | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Post card | <input type="checkbox"/> TV |
| <input type="checkbox"/> From my company | <input type="checkbox"/> Radio | <input type="checkbox"/> Drove by | <input type="checkbox"/> Email | <input type="checkbox"/> Newspaper |



YMCA of Northern Michigan

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

WHEREAS, THE UNDERSIGNED, on behalf of himself or herself, his or her personal representatives, heirs, and next of kin (herein referred to as "Applicant") wishes to be permitted to enter, observe, use, or participate in the premises, facilities, equipment, and affiliated programs, without respect to location, of the Grand Traverse Bay YMCA/YMCA of Northern Michiga (herein referred to as "YMCA Facilities, which includes West, South, Central and YMCA of Northern Michigan locations") for any purpose; and in consideration of, and as part payment for the right to enter, observe, use, or participate in the YMCA Facilities for any purpose:

Applicant warrants that Applicant has inspected and considered, or immediately upon entering will inspect and consider the YMCA Facilities, and Applicant accepts the YMCA Facilities as being safe and reasonably suited for Applicant's entry, observation, use, or participation. Applicant further warrants that Applicant understands that it is solely Applicant's responsibility to determine whether there is any medical reason that Applicant cannot or should not enter, observe, use, or participate in the YMCA Facilities for any purpose. Applicant further warrants that Applicant takes full responsibility for Applicant's decision to use or not to use the YMCA Facilities and agrees to follow all safety instructions.

APPLICANT HEREBY RELEASES, WAIVES, AND COVENANTS NOT TO SUE FOR, AND APPLICANT SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE GRAND TRAVERSE BAY YMCA, ITS AFFILIATES, BRANCHES, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, SERVANTS, AND AGENTS (COLLECTIVELY, THE "RELEASED PARTIES") FROM AND AGAINST ANY ECONOMIC OR NON-ECONOMIC LOSSES, LIABILITIES, DAMAGES, SUITS, ACTIONS, CLAIMS, ATTORNEY'S FEES, COSTS, EXPENSES, OR DEMANDS, OF EVERY KIND AND NATURE WHATSOEVER, WHETHER FOR BODILY INJURY, PROPERTY DAMAGE, DEATH, OR LOSS OTHERWISE, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTIES, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, ARISING FROM, OR ALLEGED TO HAVE ARISEN FROM, APPLICANT'S PRESENCE, OBSERVATION, USE, OR PARTICIPATION AT OR IN THE YMCA FACILITIES, AND/OR THE PRESENCE, OBSERVATION, USE, OR PARTICIPATION OF ANY FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, AT OR IN THE YMCA FACILITIES.

APPLICANT VOLUNTARILY AGREES TO INDEMNIFY, HOLD HARMLESS, ASSUME FULL RESPONSIBILITY FOR, AND DEFEND THE RELEASED PARTIES FROM ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE WHILE APPLICANT, APPLICANT'S FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, ARE PRESENT IN, OBSERVING, USING OR PARTICIPATING IN THE YMCA FACILITIES, OR ARISING OUT OF OR IN ANY WAY CONNECTED TO APPLICANT'S, APPLICANT'S FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, PRESENCE IN, OBSERVATION OF, USE OF OR PARTICIPATION IN THE YMCA FACILITIES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTIES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW. FURTHERMORE, AT THE CENTRAL LOCATION, THE UNDERSIGNED RELEASES ALL RESPONSIBILITY AND HOLDS HARMLESS THE GRAND TRAVERSE COUNTY PARKS AND RECREATION DEPARTMENT; AND AT THE SOUTH LOCATION, THE UNDERSIGNED RELEASES ALL RESPONSIBILITY AND HOLDS HARMLESS GARFIELD TOWNSHIP.

Applicant assumes full responsibility for any items lost or stolen while Applicant is present in, observing, using or participating in the YMCA Facilities.

Applicant gives permission to the Grand Traverse Bay YMCA to use photographs, film footage, or tape recordings which may include Applicant's own image or voice (or that of Applicant's family member, dependent, or guest, including any minors, accompanying Applicant) for purposes of promoting any YMCA facilities.

Applicant agrees to abide by all rules promulgated by the Released Parties while Applicant or Applicant's family member, dependent, or guest, including any minors, accompanying Applicant, are present in, observing, using, or participating in any YMCA facilities.

Applicant understands that Grand Traverse Bay YMCA & YMCA of Northern Michigan membership and program fees are not deductible as charitable tax contributions.

Applicant also states that Applicant is not under the influence of any chemical substance, including, but not limited to, medications, illegal drugs, and/or alcohol, at the time of execution of this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and will not be under the influence of any chemical substance, including, but not limited to, medications, illegal drugs, and/or alcohol, during the observation, use, or participation in the YMCA facilities.

Applicant further expressly agrees that this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by Michigan law, and that if any portion of this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is held invalid, Applicant agrees that the balance shall, notwithstanding, continue in full legal force and effect.

Applicant fully understands that Applicant's entrance, observance, use, or participation of or in the YMCA facilities is entirely voluntary. Applicant has read and understood this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, has voluntarily signed this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representations, statements, or inducement apart from this written agreement have been made to Applicant.

Sex Offender Screening Notice. The Grand Traverse Bay YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Please note, this policy has been in place and continues to be our policy.

NAME OF APPLICANT (PLEASE PRINT)

EMAIL ADDRESS

YMCA MEMBER #

X _____
SIGNATURE OF APPLICANT

DATE