

**YMCA of San Francisco Membership Application
Release and Waiver of Liability and Indemnity Agreement**



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 therein and such affiliated program 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 by the undersigned and such children.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, 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 or such children and all 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 negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
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 or such children 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children 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.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California 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.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____

**YMCA OF SAN FRANCISCO
Membership Application**

FINANCIAL AID STATEMENT:

Financial assistance, to the extent possible, is made available to those in need through the generosity of our members and donors.

Membership #: _____

Name: _____

Date: ____ / ____ / ____



YMCA ID#: _____
Corp. Code: _____
Date: ____ / ____ / ____

YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

(This information will be used for YMCA purposes only)

Indicates required field

First Name: _____ MI: _____ Last Name: _____

Prefix: Mr. Mrs. Ms. Dr. Suffix: _____

Relation to Account: Parent Non-parent Adult

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

E-mail Address: _____ @ _____

Date of Birth: ____ / ____ / ____ Gender: Male Female Other
mo day year

BILLING ADDRESS (Please write "same" if same as above):

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

E-mail Address: _____ @ _____

Local Emergency Contact Name: _____ Relationship: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Medical Information: _____

EMPLOYMENT INFORMATION – PRIMARY MEMBER:

Job Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

How did you hear about us?: _____ Marketing Code: _____

**Fields required to enter family member into database. Please leave blank if no family members are attached.

ID # ____ 1. **First Name: _____ MI: _____ **Last Name: _____

Relationship to primary record: Child Spouse Other: _____

**Date of Birth: ____ / ____ / ____ **Gender: Male Female Other
mo day year

ID # ____ 2. **First Name: _____ MI: _____ **Last Name: _____

Relationship to primary record: Child Spouse Other: _____

**Date of Birth: ____ / ____ / ____ **Gender: Male Female Other
mo day year

ID # ____ 3. **First Name: _____ MI: _____ **Last Name: _____

Relationship to primary record: Child Spouse Other: _____

**Date of Birth: ____ / ____ / ____ **Gender: Male Female Other
mo day year

ID # ____ 4. **First Name: _____ MI: _____ **Last Name: _____

Relationship to primary record: Child Spouse Other: _____

**Date of Birth: ____ / ____ / ____ **Gender: Male Female Other
mo day year

MEMBERSHIP INFORMATION FOR YMCA USE ONLY
PLEASE CONTINUE FILLING OUT BACK OF FORM

Branch: _____ Corp. Membership: _____

Membership Term Annual # _____ months Bank Draft _____

Membership Category: Adult Family Senior Teen Young Adult

One Adult Family Senior Couple

Single Branch SAM BAM Signed up by: _____

Membership: \$ _____ Add-on: \$ _____ Total: \$ _____

Add-on: Kit Locker _____ Add-on: Other _____

Date completed: ____ / ____ / ____ Membership expiration date: ____ / ____ / ____

Audited by: _____ Comments: _____

LAST NAME

FIRST NAME