

Guest Facility Use/Shower Pass Application YMCA OF PIERCE AND KITSAP COUNTIES



GUEST UNIT NUMBER:

FACILITY

<input type="checkbox"/> BREMERTON FAMILY YMCA	<input type="checkbox"/> GORDON FAMILY YMCA	<input type="checkbox"/> HASELWOOD FAMILY YMCA	<input type="checkbox"/> LAKEWOOD FAMILY YMCA	<input type="checkbox"/> UNIVERSITY Y
<input type="checkbox"/> MEL KORUM FAMILY YMCA	<input type="checkbox"/> MORGAN FAMILY YMCA	<input type="checkbox"/> TACOMA CENTER YMCA	<input type="checkbox"/> TOM TAYLOR FAMILY YMCA	STUDENT CENTER

AWAY GUEST
YMCA BRANCH:

VERIFIED BY: **DATE:**

ADULT GUEST (PLEASE PRINT)

GUEST OF (PLEASE PRINT **MEMBER'S** NAME) **MEMBER UNIT NUMBER**

GUEST FIRST NAME	M.I.	LAST NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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GUEST STREET ADDRESS

CITY	STATE	ZIP CODE
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GUEST PRIMARY PHONE (INCLUDING AREA CODE)	BIRTH DATE (MM/DD/YYYY)	AGE
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EMERGENCY PHONE (INCLUDING AREA CODE)	GUEST DRIVER'S LICENSE NUMBER	STATE
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YOUTH GUEST – UNDER AGE 18 (PLEASE PRINT)

YOUTH GUEST FIRST NAME	M.I.	LAST NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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YOUTH GUEST STREET ADDRESS

CITY	STATE	ZIP CODE
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YOUTH GUEST PRIMARY PHONE (INCLUDING AREA CODE)	BIRTH DATE (MM/DD/YYYY)	AGE
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YOUTH GUEST PARENT/GUARDIAN FULL NAME	PARENT/GUARDIAN BIRTH DATE	AGE
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PLEASE CHECK ONE
 Mother Father Legal Guardian

GUEST OF (PLEASE PRINT **ADULT MEMBER'S** NAME)

CONDITIONS OF GUEST USE OF THE YMCA

Guest Health: Guest represents they are in physically sound condition and understands that participation in cardio exercise, weight training, recreational sports, and the use of pools, spas, saunas, steam rooms, and fitness equipment carry a potential risk of injury or illness. The guest understands the YMCA of Pierce and Kitsap Counties ("the Y") assumes no responsibility for any such injury or illness.

Guest Conduct and Use of Facility: Guest agrees to abide by all policies and practices of the Y and its branches and facilities, and understands failure to act in accordance with these rules may result in expulsion from the Y and revocation of the guess pass with no refund. Shower guests have access to the facility during specific times and are limited to one (1) hour use from time of check-in.

Criminal History: Applicant acknowledges it is the Y's policy to deny access to any individual registered as a Level 1, Level 2, or Level 3 sex offender.

Property Loss: Guest understands the Y is not responsible for personal property lost, damaged, or stolen while using YMCA facilities – including parking lots – or participating in YMCA programs.

Photograph Permission: Guest hereby grants permission for the Y to use, without limitation or obligation, photographs or other media which may include the guest's image or voice to promote or interpret YMCA programs.

Insurance: Guest understands the Y does not provide any accident or health insurance for its guests, members, or participants, and further understands it is the guest's responsibility to provide such coverage.

Guest Pass Expiration: Guest Pass applications expire after six months. Guests must apply for new Guest Pass after expiration.

RELEASE AND WAIVER OF LIABILITY

I am aware that participation in YMCA programs and use of YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports, and other programs/activities offered by the Y. In consideration of, and as part payment for, the right to use YMCA facilities and participate as a guest in YMCA programs, I will hold harmless and indemnify the Y ("the Y" includes its employees, volunteers, directors, officers, and agents) for damages of any type including permanent physical injuries or death, arising out of the ordinary negligence of the Y. This release includes indemnifying and forgoing any claim I may have for ordinary negligence arising out of my children's use of the Y's facilities or participation in YMCA programs. I fully understand and agree I am waiving all claims I may have against the Y arising out of the ordinary negligent acts by the Y, and I agree I will not bring a lawsuit against the Y arising out of its ordinary negligence. If any portion of this release is held invalid, I agree the remainder shall continue to be enforceable.

ADULT GUEST SIGNATURE	DATE	PARENT/LEGAL GUARDIAN SIGNATURE (UNDER AGE 18)	DATE
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FOR OFFICE USE ONLY

PLEASE CHECK APPROPRIATE METHOD OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit Card	AMOUNT PAID \$	PHOTO TAKEN <input type="checkbox"/> Yes	ALERT ENTERED <input type="checkbox"/> Yes	RAPTOR SCAN <input type="checkbox"/> Yes
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NAME ON DEBIT/CREDIT CARD CHARGED	STAFF INITIALS	APPLICATION EXPIRATION DATE (MM/DD/YYYY)
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PLEASE USE SEPARATE FORM FOR MULTIPLE HOUSEHOLDS