



LAKOTA FAMILY YMCA

GUEST REGISTRATION AND RELEASE

CONTACT INFORMATION:

First Name: _____ Last Name : _____ DOB: _____

Gender: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name : _____ Emergency Contact Phone: _____

ADDITIONAL GUESTS:

First Name: _____ Last Name: _____ DOB: _____ Gender: _____

First Name: _____ Last Name: _____ DOB: _____ Gender: _____

First Name: _____ Last Name: _____ DOB: _____ Gender: _____

First Name: _____ Last Name: _____ DOB: _____ Gender: _____

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned for himself or herself and any personal representative, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PUROSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HERBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HERBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any loss or damage, and in any claim or demand therefore on account of injury or illness, including by not limited to Pandemic Influenza and Infectious Diseases, to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases, or otherwise.

THE UNDERSIGNED AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participation in any program affiliated with the YMCA whether caused by the negligence of the releases, or otherwise.

TO UNDERSIGNED HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR POROPERTY DAMAGE due to the negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises of any facilities or equipment thereon or participating in any program affiliated with the YMCA

THE UNDESIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is helping invalid, it is agree that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIBABILTIY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

ACCEPTANCE I acknowledge the Waiver set forth above and being in sympathy with the mission statement of the YMCA herby accept the policies and procedures of the Lakota Family YMCA.

Signature: _____ Date: _____

IF OVER THE AGE OF 18, WE WILL RETAIN A COPY OF YOUR DRIVER'S LICENSE OR STATE ID. IF YOU DO NOT HAVE THIS INFORMATION, WE RESERVE THE RIGHT TO REFUSE ENTRANCE.