

The Old Town - Orono YMCA Member & Participant Waiver Form

1st Staff Initial:	_
2nd Staff Initial:	

Membership Type: Member Derticipant									
Membership Category: Preschool Youth Teen Young Adult Adult Senior Family Senior Couple									
Primary Adult									
First Name	MI Las	Last Name		Date of Birth		Gender M F Other			
Address		Apt.	City		State	Zip			
Phone Number	Em	ail			Veteran Y N				
Ethnicity Caucasian/White Native American African American/Black Hispanic Asian/Pacific Islander Other									
Emergency Contact: First Nar	ne	Last Name		Phone Number		Relation to Primary			
Employer Name									
Secondary Adult									
First Name	Last Name		Date of Birth	Gender		Relation to Primary			
Additional Family Mem	bers								
First Name	Last Name		Date of Birth	Gender		Relation to Primary			
First Name	Last Name		Date of Birth	Gender		Relation to Primary			
First Name	Last Name		Date of Birth	Gender		Relation to Primary			
First Name	Last Name		Date of Birth	Gender		Relation to Primary			

Old Town-Orono YMCA Sex Offender Policy

The Old Town – Orono YMCA considers it of great importance to provide a safe and threat-free environment at the Old Town – Orono YMCA. For this reason, the YMCA monitors the sexual offender registry. Persons on that list will not be eligible for YMCA membership, program participation, volunteer or employment opportunities with this YMCA.

FACILITY RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of 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 off-site program affiliated with the YMCA, the undersigned, for himself or herself 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 acknowledgement that such premises and all facilities and equipment thereon 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.

FACILITY RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT CONTINUED

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIP-MENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. I, for myself and as the parent and/or legal guardian of above listed, understand the nature of activities and the inherent dangers involved in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the OLD TOWN/ORONO YMCA, its instructors, and employees, from any and all liability, claims, demands, losses or damages in any way related to my or my child's use of the facilities, equipment, or apparatus of OLD TOWN/ORONO YMCA. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may incur as the result of any such claim, to the fullest extent permitted by law.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

Member/Participant Signature

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore as releasees) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore 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 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 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 releasees or otherwise.

 THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF in, about or upon the premises of the YMCA and/or while using the premises THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVE law of the State of Maine and that if any portion thereof is held invalid, it is a 	or any facilities or equipmer R AND INDEMNITY AGREEM	nt thereon or participating MENT is intended to be as	g in any program affiliated broad and inclusive as is I	with the YMCA. Dermitted by the
By signing this release, I acknowledge my understanding and acceptance of th	e following for Gymnast i	ics (In	<mark>iitial)</mark>	
That gymnastics is an active sport, which requires strength, agility and conce and good physical and mental condition before permitting my child to e ing, tumbling, jumping, extension and rotation, which movements are of in severe, permanent personal injuries, including, but not limited to, bruments or dislocations of joints, concussion, brain damage, nerve and spequipment, which may cause or contribute to severe, permanent personal	xercise, work out, receive ten performed with consio uised, strained, sprained c oinal cord injury, paralysis Il injuries, such as those di	instruction or perform. derable force and/or at or torn muscles, tendons and death. That gymna escribed above.	That gymnastics require considerable height and s and ligaments, broken astics requires the use o	es twisting, turn- which can result bones, derange-
By signing this release, I acknowledge my understanding and acceptance of	the following for Contac	ct Sports	(Initial)	
That there are numerous risks and hazards inherent in contact sports included and various other forms of injury. Further, I understand that there may having an Old Town-Orono YMCA employee present does not lessen the YMCA is not responsible for my safety and I freely and expressly assume in contact sports.	be other risks not known ne amount or severity of the ne and accept the respons	to me or reasonably fo the risks of these activ sibility for any and all ri	reseeable at this time. I ities. I understand that	understand that Old Town-Oronc
By signing this release, I acknowledge my understanding and acceptance of th	ne following for Rock Clir	mbing (In	nitial)	
That there are numerous risks and hazards inherent in the sport of climbing ir understand that there may be other risks not known to me or reasonably present does not lessen the amount or severity of the risks of these acti freely and expressly assume and accept the responsibility for any and all	ncluding but not limited to v foreseeable at this time. vities. I understand that C	: collisions with other pa I understand that havin Old Town-Orono YMCA i	g an Old Town-Orono YN s not responsible for my	ACA employee
By signing this release, I acknowledge my understanding and acceptance of th	e following for <mark>Fitness a</mark>	nd Exercise	(Initial)	
I have been offered and urged to attend an equipment orientation before usin for a physical to determine any health risks associated with my exercisin musculoskeletal system and there is a risk of physical changes during or in injury, illness, or medical problems not limited to fractured or broken the becoming faint, stroke, heart attack, joint problems or other physical propexercise program and should any unusual symptoms occur, I will cease mor the front desk attendant. I certify I have no physical condition which and regulations of the YMCA.	g. I understand that exerc following my exercise. I u cones, strained or torn mu oblems. I understand I am by participation and inform	tise will place an increas understand that failure t uscles, tendons, or ligam responsible for monitor n the fitness instructor,	ed workload on my cardi to use the equipment pro ents, dizziness, feeling li ring my own condition th another YMCA professio	orespiratory and perly may result ght headed or roughout the nal staff membel
By signing this release, I acknowledge my understanding and acceptance of th	e following for Nationwi	de Membership	(Initial)	
By participating in the YMCA Nationwide Membership Program, I agree to rele America, and its independent and autonomous member associations in the connection with the use of YMCA facilities, and from any liability for oth By signing this release, I acknowledge my understanding and acceptance	ne United States and Pueri er claims, including loss of	to Rico, from claims of r f property, to the fullest	negligence for bodily inju	
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily t tancing as a mean to prevent the spread of the virus. COVID-19 can lead Old Town – Orono YMCA programs or accessing the Old Town – Orono YMCA in no way warrants that COVID-19 infection will not occur throug Orono YMCA facilities.	d to severe illness, person MCA facilities could increa	al injury, permanent disa ase the risk of contracti	ability, and death. Partici ng COVID-19. The Old T	pating in the own – Orono
I have read the Release of Liability for Personal Injury and have been given the release.	opportunity to speak with	a representative of OLI	D TOWN-ORONO YMCA b	efore signing this
lagree to abide by the Old Town - Orono YMCA Member Code of Conduc	t (Initial)			
I HAVE READ THIS RELEASE:	VE READ THIS RELEASE:			

The Old Town - Orono Y does take photographs and/or videos during both regular business hours and during special events that may be used for promotional purposes.

Date

Parent/Legal Guardian of Member/Participant (if legally a minor) Date