HARRISON COUNTY YMCA MEMBERSHIP APPLICATION

Membership Code/Payment Type_____ **Date:_____**
MidPid #_____-_____ **Joining Fee $_____ + $_____ 1st Month**

Last Name(Please Print) **First** **MI** **(Area Code) Home Phone**

Street Address **E-mail Address**

City **State** **Zip** **D.O.B.** **Sex**

Employer/School **Work Phone**

FAMILY MEMBERS (LIST ONLY UNDER A FAMILY PLAN)

Last Name	First	MI	Male/Female	D.O.B	Employer/School

PLEASE READ AND SELECT ONE!

_____1) <u>One Year Full Payment</u> – membership is paid in one payment by cash, Master Card or Visa for a full year. You will receive a renewal statement at the end of this period.

_____2) <u>Bank Draft</u> – is a continuous membership until you decide to cancel. There is no contract and you can cancel at any time as long as you give the YMCA at least a thirty-day (30) written notice. The YMCA Board of Directors may, at its discretion, adjust the monthly rate for membership. You will receive notice at least four (4) weeks prior to any such change. You also understand that if, for any reason your bank refuses to honor a monthly draft, your membership will be void immediately. Membership will be reinstated only after payment of all fees and current dues.

_____3) <u>Credit Card Debit</u>-Bank Draft rules apply. Please read above.

_____4) <u>Payroll Deduction</u> – is a monthly payment plan straight through your employer's payroll. You can cancel at any time as long as you give the YMCA and your employer at least a thirty-day (30) written notice.

<u>MEMBERSHIP FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE!</u>

Would you like to donate $1 for the Partner With Youth Scholarship Fund each month with your bank draft?
Yes_____ No_____

I have read and understand the payment plan I have chosen.

_____ **_____**
Member Signature **Staff Signature**

I hereby authorize the payment by ACH Debit from the account shown below.

Name of Bank_____ Checking_____ Savings_____

Bank Address_____

Transit Routing Number_____ Account Number_____

Member's Signature_____ Date_____

HARRISON COUNTY YMCA
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, or himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents lie 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 facility or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and all equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accept same as being safe and reasonably suited for the purpose of such observation, use of participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NO 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 HEREBY 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 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 negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises of 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 incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using and 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.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the State of WV and that 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 inducements apart from the foregoing written agreement have been made.

_____ _____

NAME **DATE**

_____

Emergency Contact **Phone Number**

How did you hear about us? ○ Newspaper ○ Radio ○ Television ○ Member ○ Other_____