

GUEST FACILITY USE | SHOWER PASS APPLICATION YMCA OF PIERCE AND KITSAP COUNTIES



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GUEST UNIT NO.

PLEASE USE SEPARATE FORM FOR MULTIPLE HOUSEHOLDS

FACILITY

<input type="checkbox"/> Bremerton Family YMCA	<input type="checkbox"/> Lakewood Family YMCA	<input type="checkbox"/> Tacoma Center YMCA
<input type="checkbox"/> Gordon Family YMCA	<input type="checkbox"/> Mel Korum Family YMCA	<input type="checkbox"/> Tom Taylor Family YMCA
<input checked="" type="checkbox"/> Haselwood Family YMCA	<input type="checkbox"/> Morgan Family YMCA	<input type="checkbox"/> University Y Student Center

AWAY GUEST

YMCA BRANCH

VERIFIED BY _____ DATE _____

ADULT GUEST (PLEASE PRINT)

GUEST OF (PLEASE PRINT MEMBER'S NAME) Bob Bjornemo		MEMBER UNIT NO.	
GUEST FIRST NAME	M.I.	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
GUEST STREET ADDRESS		CITY	STATE ZIP
GUEST EMAIL		BIRTH DATE (MM/DD/YYYY)	AGE
EMERGENCY PHONE (INCLUDING AREA CODE)		GUEST DRIVER'S LICENSE NO.	STATE

YOUTH GUEST – UNDER AGE 18 (PLEASE PRINT)

YOUTH GUEST FIRST NAME	M.I.	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
YOUTH GUEST STREET ADDRESS		CITY	STATE ZIP
YOUTH GUEST PRIMARY PHONE (INCLUDING AREA CODE)		BIRTH DATE (MM/DD/YYYY)	AGE
YOUTH GUEST PARENT/GUARDIAN FULL NAME		PARENT/GUARDIAN BIRTH DATE	AGE
PLEASE CHECK ONE <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		GUEST OF (PLEASE PRINT ADULT MEMBER'S NAME)	

CONDITIONS OF GUEST USE OF THE YMCA

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.

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.

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.

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.

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.

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.

Summary Terms and Conditions: Our mobile text messages are intended for subscribers over the age of 13 and are delivered via USA short codes 99000 and 76000. You may receive **up to 4 messages per month for text alerts; message and data rates may apply.** This service is available to persons with text-capable phones subscribing to carriers including AT&T, Boost, Centennial Wireless, Cincinnati Bell, Sprint, T-Mobile®, Unicel, U.S. Cellular®, Verizon Wireless, and Virgin Mobile USA. For help, text **HELP** to 99000, email membership@ymcapkc.org, or call +1 253-534-7820. You may stop your mobile subscription at any time by texting **STOP** to 99000.

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/GUARDIAN SIGNATURE (IF 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
NAME ON DEBIT/CREDIT CARD CHARGED	STAFF INITIALS	APPLICATION EXPIRATION DATE (MM/DD/YYYY)		