



Tri-County YMCA Day Pass

Today's date: _____ Adult \$6.00 Day Pass Fee Youth \$4.00 Day Pass Fee

Type of Day Pass: Adult Youth AWAY Adult \$3.00 Day Pass Fee AWAY Youth \$2.00 Day Pass Fee

First Name _____ MI. _____ Last _____ M F Age _____

Address _____ Birth Date ____ / ____ / ____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Cell Phone _____

Your Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Please read the following, initial each section, sign and date below.

1. ____ In consideration of facility access or being allowed to participate in the activities of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.
2. ____ I do also hereby release all of those mentioned (**In Number 1**) and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.
3. ____ The YMCA has the right to terminate your YMCA privileges and remove you from the facility at anytime if:
 - a) it appears that you are taking actions or doing things that are contrary to the Y's Mission, or
 - b) it appears that your are involved in criminal acts, or
 - c) acting in ways that disrupts the YMCA's operations.
4. ____ No camera cell phones allowed in the locker rooms.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ (For Minors)

Staff Signature _____ Date _____