MEMBERSHIP AGREEMENT

First _____ M.I. _____ Last _____ Birthdate _____
Primary Member Name: (please print)

PURPOSE AND GOALS

As a member/program participant of Ottawa YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members. I understand my membership is not transferable or refundable.

Initials _____

LIABILITY

I understand that the Ottawa YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the Ottawa YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA , its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the Ottawa YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

Initials _____

PHOTO/TALENT RELEASE

I give permission to the Ottawa YMCA to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

Initials _____

CONVICTED SEX OFFENDER MEMBERSHIP RESTRICTION

Have you or anyone on membership currently or ever been required to register as a criminal sex offender? **Y N**

Any individual whose name appears on a county distributed listing of convicted child sex offenders shall be denied membership/program participation of the Ottawa YMCA. Any individual on this list shall have the right to appeal this decision to the YMCA Executive Committe within 60 days of denial. Applicant/Member is ineligible to participate while appeal is pending. Any current member/participant found on this list shall be given immediate written notice of thier cancellation and has opportunity to appeal.

Initials _____

AGREEMENT TO PROVIDE REQUIRED DOCUMENTATION

I agree to provide acceptable proof of eligibilty to recieve discounted memberships. If documentation is note recieve within 14 days of membership purchase, I understand my rate with revert to the non-discounted rate for my membership.

NEEDED DOCUMENTATION:

- ☐ FULL TIME COLLEGE (12+ credit hours)
- ☐ CORPORATE (For head(s) of household)
- ☐ MILITARY (Current Active)
- ☐ CLERGY (Must be full time profession)

Initials _____

PAYMENT RECORD

DATE DUE	AMOUNT DUE	DATE PAID	AMOUNT PAID	RECIEPT #	STAFF INITIALS	REMARKS