



Member Name: _____

Member ID# _____

Circle One Tour Guest Away

GUEST WAIVER

Welcome to the Capital District YMCA!

Guest Information (Please provide Photo ID)

Please complete all fields on this form. Please print clearly.

Name _____ Date of Birth ___ / ___ / ___ Gender M/F

Address _____

City & State _____ Zip Code _____

Phone _____ Email _____

Emergency Contact Name _____ Phone _____

18 and younger:

Parents Name _____ Date of Birth _____ Phone _____

TO PARTICIPATE IN A YMCA PROGRAM, PLEASE SIGN THIS RELEASE FORM.

I certify that the information provided on this form is current and accurate. I understand that there's a risk of injury associated with participating in a Y exercise program and I certify that I'm in good medical condition and have no disabilities that might prevent participation. I hereby assume full responsibility for any damages, injuries, or losses I may sustain or incur while attending or participating in a Y program. I hereby waive all claims against the Capital District YMCA, its instructors, or partners, individually or otherwise, for any claims for injuries or damages I might sustain.

To ensure the safety and well-being of our members, community members, and guests, we may prohibit you from having access to our facilities, programs, events or program spaces in the event your conduct is contradictory to the YMCA's core values. Inappropriate language, or behavior deemed to be in conflict with the welfare and safety of others is prohibited. The Y also reserves the right to deny access to any person who has been convicted of (or has been charged with) a crime involving sexual abuse. Please note that a suspension at one branch means a suspension at all Capital District YMCA branches and programs. Members are responsible for any discipline issues involving guests up to and including suspension or termination of membership.

Guest Signature _____ Date _____

To Be Completed by Staff

Input in DAXKO _____ Verified in Raptor _____

Method of Payment Cash Credit Card

Staff Signature _____ Date _____