



METRO ATLANTA YMCA
RELEASE, INFORMED CONSENT & WAIVER AGREEMENT FOR
MEMBERS, GUESTS AND PROGRAM PARTICIPANTS

Form updated 1/15/08

OUR PROMISE TO YOU

The Metro Atlanta YMCA endeavors to provide a safe environment and programs for you, your family and guests. The YMCA provides exciting, life-changing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions.

FOR YOUR HEALTH

- I understand I am engaging voluntarily in YMCA exercise, physical activity and/or recreational programs.
- It is my responsibility to monitor my own condition throughout any activity or program and, should any unusual symptoms occur, I will cease my participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to my participation in a physical activity program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any program. I agree to assume the natural risks associated with exercise and physical activity.

FOR YOUR SECURITY

- I understand the YMCA parking lot and locker rooms are provided for members' and guests' convenience while using the facility. The YMCA is not responsible for vandalism, break-ins or thefts of personal property. I understand the YMCA recommends that valuables should not be brought onto the premises. I agree to report any suspicious activity immediately to the YMCA.

REGARDING YOUR CONDUCT

- I will not bring weapons, controlled substances or alcohol on YMCA premises.
- I understand that use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing YMCA members' ability to enjoy their membership or YMCA staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with YMCA values, and may result in the termination of my membership. I am aware that the YMCA reserves the right, within its sole discretion, to withdraw membership privileges to anyone for any reason that the YMCA, in its sole discretion, considers appropriate or in the interests of the YMCA and/or its members.

YOUR CONSENT AND RELEASE

- I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire.
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

 Signature Name (Please Print) Date

 Spouse (if family membership) Date

 Name(s) of Child/Children

 Parent/Guardian Date

 Emergency Contact/Relationship Home Phone # Cell Phone #