



We build strong kids, strong families,  
strong communities

# South Sound YMCA Day Use of Premise Agreement Form

**Visitor Info:**

**Please Print** \_\_\_\_\_  
*First Name MI Last Name Date of Birth Male/Female*

Address: \_\_\_\_\_  
*City State Zip Code*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent or Guardian Name (if participant is under 18): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been convicted of a sexual offense?  Yes  No

**\*\*Visitors must show I.D. before entering the facility\*\***

**RELEASE AND WAIVER OF LIABILITY:** I hereby accept all responsibility for, and assume the risk of, any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in, a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the South Sound YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the South Sound YMCA, except for injuries caused intentionally or by willful misconduct.

**Signature of Visitor:** \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent/Guardian if visitor is under 18 years old)

**PROPERTY LOSS:** I understand that the YMCA is not responsible for a participant's personal property that is lost, damaged, or stolen during the course of a YMCA program.

**INSURANCE:** I understand that it is my responsibility to provide for my own (and any other members of my family if applicable) accident and health coverage while participating in YMCA activities. The South Sound YMCA does not provide any accident and health insurance for its participants.

**MEDICAL RELEASE:** I authorize the South Sound YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize the South Sound YMCA to give first aid, CPR, or other treatment by a qualified staff member.

**PHOTOGRAPHS:** I authorize the South Sound YMCA to have and use photographs of my child/children or myself as may be needed for its records or public relations projects.

**ACCEPTANCE:** I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

**Signature of Visitor:** \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent/Guardian if visitor is under 18 years old)

Received by (please print name): \_\_\_\_\_ Date: \_\_\_\_\_ Member #: \_\_\_\_\_

Member  
Services Staff  
Use Only

Payment Type:  Cash  Check # \_\_\_\_\_  Visa  MC  AMEX

**I.D. Checked** Amount Received: \_\_\_\_\_ Input:  YES  NO

Expiration Date: \_\_\_\_\_