

# WALLINGFORD FAMILY YMCA RELEASE FORM

NAME (PARENT NAME IF <18) \_\_\_\_\_ DOB \_\_\_\_\_  M  F

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please list any additional family members using facility:

NAME \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

ARE YOU OR ANY FAMILY MEMBER LISTED REGISTERED AS A SEX OFFENDER IN ANY STATE?  YES  NO

## EMERGENCY CONTACT (REQUIRED)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## CODE OF CONDUCT

At the Wallingford Family YMCA, we expect staff, members, volunteers and guests to act in accordance with our mission and values at all times by behaving in a mature & responsible way and by respecting the rights & dignities of others. This is to ensure the safety and comfort of everyone in our facility and/or participating in our programs.

At the Wallingford Family YMCA, we demonstrate Caring, Honesty, Respect and Responsibility by:

Speaking in respectful tones • Refraining from the use of vulgar or derogatory language • Dressing appropriately for the YMCA program area or event • Never wearing clothing that reveals undergarments or contains offensive wording • Resolving conflicts in a respectful, honest and caring manner • Never resorting to physical contact or threatening gestures • Never carrying or concealing a weapon or anything that may be used as a weapon • Respecting the property of others • Never engaging in theft or destruction • Picking up after ourselves and one another, including returning fitness equipment to the proper place • Cooperating with staff • Complying with all health & safety procedures

The YMCA is a drug, alcohol, smoke and vape-free facility. Smoking, vaping, alcohol or drug use and/or being under the influence of drugs or alcohol on the premises is prohibited.

Members and guests are encouraged to be responsible for their personal comfort and safety. Anyone who feels unsafe or uncomfortable should report the situation to a staff member. We will make every effort to investigate and resolve issues promptly, confidentially and effectively.

## RELEASE & LIABILITY WAIVER

I/We do hereby assume full responsibility for any and all damages, injuries, or losses that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or any visit to the YMCA. I/we hereby waive all claims against the Wallingford Family YMCA, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we may sustain. I/We understand that there is a risk of injury associated with participation in any YMCA activity or program and I/we certify that I am/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation.

I/We understand that the Wallingford Family YMCA reserves the right to take pictures and video of its participants for publications, website and other marketing purposes. I/We also understand that the email address provided may be used by the Wallingford Family YMCA to send information.

I/We also agree to adhere to all of the Wallingford Family YMCA rules and regulations, including the Code of Conduct. **I/We understand that the violation of these policies may result in immediate removal from the facility and suspension or termination of guest privileges.**

**NATIONWIDE MEMBERS:** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

-FOR STAFF USE ONLY-

VISITOR TYPE  PROGRAM PARTICIPANT  GUEST/DAY PASS  NATIONWIDE MEMBER

COPY OF PHOTO ID

COPY OF MEMBERSHIP CARD

IN RECIPROcity SYSTEM?

YES  NO & CALLED TO VERIFY

\_\_\_\_\_  
STAFF

\_\_\_\_\_  
DATE