



Guest Waiver

Name (please print) _____

Age _____ Birthdate _____

Address _____

City/State/Zip _____

Emergency Phone Number _____

Guest(s) or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Heritage YMCA Group, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

I agree that I am in good physical condition and am able to participate in physical activities with no health restrictions. I am aware the the Heritage YMCA Group does not carry health insurance for its users, and that I am participating at my own risk.

It is my responsibility as a guest of the YMCA to know all facility rules and to follow them during my visit. I know that I will be asked to leave the YMCA should I violate any rules.

Guest Signature _____

Date _____

Member Agreement *(If brought by current member)*

I am aware of the Heritage YMCA Group rules and regulations and understand that I am responsible for my guest's actions. I also understand that I may lose my membership for inappropriate actions by my guests.

Member Signature _____

Date _____

Member Phone Number _____

Staff Initials _____