



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

24 Hour Access Member Form

Primary member must complete – All members on the account 18 years of age and older will have access.

First Name _____ **MI** _____ **Last Name** _____
Gender M / F (circle one) **Birthday (mm/dd/yyyy)** _____
Home Phone _____ **Cell Phone** _____
Email: _____ **Member ID:** _____

I authorize an automatic 24/7 access membership payment each month from the specified account on my account in the amount of \$10 on the 1st of each month, until I provide the Monroeville Area YMCA a written 30 day notice to cancel my membership. I understand the amount may change, with a 30 day notification, as a result of dues increase or membership type change. I accept sole responsibility for notifying the Monroeville Area YMCA if my information changes. Should any membership draft not be honored by my bank for any reason, I realize I am responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service charge my bank may apply. I understand that YMCA professionals may ask for verification of dependents and spouse.

By signing below, I acknowledge that I have received a copy of the Monroeville Area YMCA's 24 Hour Access Policies and Guidelines and understand that if I decline to follow those policies, that my membership will be terminated. I also understand the YMCA's Zero Tolerance Policy on allowing people into the building after regular business hours. Camera recordings will be reviewed on a daily basis and anyone caught bringing guests in after regular business hours will have their YMCA membership terminated.

Signature _____ **Date** _____

Staff Initials: _____



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MONROEVILLE AREA YMCA 24-HOUR WELLNESS CENTER ACCESS WAIVER & RELEASE FORM

Use of the Monroeville Area YMCA Wellness Center outside of staffed hours of operation is for Monroeville Area YMCA members only. Members must be at least 18 years of age, have passed a criminal background check, have purchased an access card, and must use their assigned access card to gain entrance. Family members under 18 on my membership cannot use my 24/7 access, even if I am present. I understand if my access card is used to let anyone in, I will lose my 24/7 access permanently and possibly lose my YMCA membership. **Initial**

The YMCA will conduct a criminal background check on me using my information provided. The results of the background check are strictly confidential. Under sole discretion of the YMCA, my 24/7 access may not be granted or may be revoked at any time. Should I fail the background check, I must return my access card and receive a refund of fees paid. **Initial**

We HIGHLY recommend that you have an adult workout partner, who has a membership with the Monroeville Area YMCA and has purchased an access pass, accompany you while using the Monroeville Area YMCA 24/7 facility, but it is entirely up to you. You have agreed to purchase a membership access card which will allow you access to the Wellness Center outside of staffed hours of operation. As such, you are aware that there will be no supervision or assistance when using these facilities outside of the YMCA's staffed hours of operation. You are also aware that if you are injured, become unconscious, or suffer a stroke or heart attack, that there will likely be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should you require immediate assistance, none will be provided. **Initial**

Because physical exercise can be strenuous and subject to risk of serious injury, the Monroeville Area YMCA urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity, or use any Monroeville Area YMCA amenity on the premises, you do so entirely at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. The Monroeville Area YMCA is also not responsible for any loss of your personal property. **Initial**

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) your slipping and/or falling while on Monroeville Area YMCA premises, including adjacent sidewalks and parking areas. **Initial**

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge Monroeville Area YMCA, Inc., and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Monroeville Area YMCA, Inc. for negligence, personal injury or property damage. **Initial**

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force. By signing below, I give the Monroeville Area YMCA permission to conduct a criminal background check on me.

Signature: _____ Date: ___/___/___

Printed First Name: _____ Middle Int. _____ Last Name: _____

Date of Birth: ___/___/___ Address/City/State/ZIP _____

Email address: _____