



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Metro Chicago ONLINE MEMBERSHIP AGREEMENT

## CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card for identification when using the YMCA's facilities and programs. Membership cards are not transferable. Joiner fees are non-refundable and non-transferable. As a member of the YMCA you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

## WAIVER AND RELEASE

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to, observation or use of facilities or equipment or participation in any program affiliated with the YMCA without respect as to location, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its operating centers, their respective Officers, Directors, Managers, Trustees, Members, Volunteers, Employees, agents or representatives (the "Releases") and each of them from any and all claims for injuries, damages or losses that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any loss, liability, damage or cost that is caused solely by the YMCA's gross negligence.

I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL VISITS AND USEAGE BY ME OF ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

## PHOTO AND VIDEO WAIVER

I understand that photos and or video of me, as well as all individuals listed on the membership application, may be taken by the YMCA on occasion and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any form of media, now or hereafter developed by the YMCA of Metropolitan Chicago. See the complete Video / Audio Release inside of your Welcome Packet.

Initial: \_\_\_\_\_

## INCLUSION POLICY

The YMCA of Metropolitan Chicago invites persons with disabilities to enjoy Y programs and facilities. If you require a modification due to a disability to enjoy any of our programs, please select "yes" to the request option on the registration materials. A member of our Inclusion Team will then contact you. Any questions that you may have can be sent to inclusion@ymcachicago.org. Initial: \_\_\_\_\_

## FINANCIAL ASSISTANCE POLICY

It is the goal of the YMCA of Metropolitan Chicago to provide educational, social and physical development services in the communities we serve, regardless of residents' ability to pay. A reduction of fees is available subject to facility

and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender, age, or disability. Initial: \_\_\_\_\_

## PRIVACY POLICY

We will never disclose any personal information collected through the course of business with any third parties except when deemed necessary to fulfill a specific request or obligation to you or to comply with a valid legal process. For our complete Privacy Policy, please visit [ymcachicago.org/pages/terms-and-conditions#privacypolicy](http://ymcachicago.org/pages/terms-and-conditions#privacypolicy). Initial: \_\_\_\_\_

## CANCELLATION POLICY

As a member of the YMCA of Metro Chicago, you can cancel your membership at any time by giving the YMCA a minimum of 5 business days notice. The cancellation may be made in person, by postal mail or email with receipt of confirmation. If you participate in a membership draft payment plan, the YMCA will continue to draft until you cancel the membership as provided above. Your membership cancellation will be effective as of your next billing cycle. We cannot refund the prepaid portion of your membership. Cancellation of membership is not necessarily cancellation of Annual Fund deductions and vice versa. Initial: \_\_\_\_\_

I have read, understand and agree to all the information on this form. I further expressly agree that the assumption of risk, release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect. I also understand and agree that if the membership is interrupted for any reason these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## OFFICE USE

Branch Location

 

Membership ID # \_\_\_\_\_

Confirmed by \_\_\_\_\_

NO  WELLNESS CONSULTATION

Enrolled by \_\_\_\_\_

Verified by \_\_\_\_\_