



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

Altavista Area YMCA Release Form

Date _____

___ Group Fitness ___ Wellness Center ___ Basic YMCA member ___ Guest

Name: _____ Gender ___ Date of Birth _____

(911) Address: _____ City: _____

Phone Number: Day _____ Evening _____ Cell: _____

1. Please list any physical limitations:

2. WELLNESS CENTER MEMBERS ONLY: How long has it been since you followed an exercise program?

3. Emergency Contacts

Name: _____ Relationship: _____ Phone#: _____

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Release:

I hereby release, indemnity and hold harmless the Altavista Area YMCA, its employees and Board Directors from all claims for myself, my heirs and assigns which may result from my participation in the Wellness Center and Basic Membership programs and participating in other activities at the YMCA.

I am aware that operation of the machines and or free weight equipment in the Wellness Center Exercise Program requires physical exertion and places strain on the Cardiovascular and Musculoskeletal systems.

I certify that I have no physical condition which would prevent me from safely engaging in such an exercise program.

I hereby agree to abide by all the rules and regulations of the YMCA Athletic Center.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Date Print

Participant's Signature

Date Signature of Staff

Child's Signature- if under 18 yrs. of age

Date Parent Print- if under 18 yrs. age

Parent's Signature