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## Westport Weston Family YMCA Application For Membership

### How Did You Hear About the YMCA?

☐ Community Calendar ☐ Direct Mail ☐ Local Newspaper ☐ Social Media ☐ Word of Mouth  
☐ YMCA Website ☐ Other

### Activity & Program Interests—Please Check All that Apply

☐ Aqua Fit ☐ Camp ☐ Chronic Disease Prevention ☐ Dance ☐ Family Swim  
☐ Group Fitness ☐ Gymnastics ☐ Lap Swim ☐ Masters Swim ☐ Personal Training  
☐ Pickleball ☐ Pick-Up Basketball ☐ School Age Child Care ☐ Special Needs Programs  
☐ Strength Training ☐ Swim Lessons ☐ Triathlon Training ☐ Volleyball ☐ Weight Loss  
☐ Youth Fitness ☐ Youth Sports

### Membership & Wellness Incentives

☐ **Fitness Equipment Orientation:** New Members ages 14 and over will receive a full orientation of all Wellness Center Equipment or just equipment of choice.

☐ **Fit Family Program:** Adults and Youth ages 10-13 on the same Family Membership will receive a full orientation on the Wellness Center. Upon completion the child may work out in the Wellness Center under the supervision of the adult member.

☐ **Intro to Personal Training:** Receive discounted rates for Personal Training when you join. Available options include Four 30 Minute Sessions for \$129 or Three 60 Minute Sessions for \$199.

### Membership Account Information (Please Print)

#### Primary Adult

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Additional Members on Account (Please Print)

		Gender	Age 22/under	Age 23+
Name: _____	DOB: _____	M____/F____	_____	_____
Name: _____	DOB: _____	M____/F____	_____	_____
Name: _____	DOB: _____	M____/F____	_____	_____
Name: _____	DOB: _____	M____/F____	_____	_____
Name: _____	DOB: _____	M____/F____	_____	_____

Emergency Contact for Above Members (if different from Primary Adult)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please Check the Membership Type and Payment Option Applying For**

Membership Type	Age Range	Join Fee	Monthly Fee	Annual Fee
Youth	0-13	\$25	\$25 ____	\$300 ____
8th Grade	8th Grade	\$0	\$15 ____	N/A
High School	High School	\$25	\$50 ____	\$600 ____
Adult 18-22	18-22	\$50	\$60 ____	\$720 ____
Adult 23-64	23-64	\$75	\$85 ____	\$1020 ____
Senior	65+	\$25	\$61 ____	\$732 ____
Senior Couple	65+	\$50	\$96 ____	\$1152 ____
Family 1 Adult	*See Below	\$100	\$114 ____	\$1368 ____
Family 2 Adult	*See Below	\$100	\$137 ____	\$1644 ____
Family 3 Adult	*See Below	\$100	\$158 ____	\$1896 ____
Family 4 Adult	*See Below	\$100	\$180 ____	\$2160 ____
Family 5 Adult	*See Below	\$100	\$202 ____	\$2424 ____

**\*Family Membership rates based on adults ages 23+**

**Liability Waiver & Sex Offender Screening Notice**

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 liability for other claims, including loss of property, to the fullest extent of the law. 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. Please be aware in order to protect the safety of our members, the Westport Weston Family YMCA may allow local law enforcement and or/third-party security providers to monitor its public areas.

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

**Payment Authorization Options & Membership Draft Terms**

**Monthly Membership drafts are continuous. To discontinue your monthly draft, please submit in writing request for cancellation.**

Debit/Withdrawal from Checking/Savings Account      Debit or Credit Card \_\_\_\_ AMEX \_\_\_\_ MC \_\_\_\_ Visa \_\_\_\_ Discover  
Name on Account: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Account #: \_\_\_\_\_ Card #: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

I have read the above terms and duration of this agreement

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

**WWFY Annual Campaign—Donations for Children & Families In Need**

The Family YMCA's Annual Campaign allows our YMCA to provide camp scholarships, free or subsidized memberships and other financial assistance to local families and individuals in need.

\_\_\_\_ Yes I would like to donate \$\_\_\_\_\_ per month to the WWFY's Annual campaign via draft deduction.

\_\_\_\_ Yes I would like to make a One-Time donation in the amount of \$\_\_\_\_\_ to the WWFY's Annual Campaign.

**Office Use**

Unit ID #: \_\_\_\_\_ Staff Signature: \_\_\_\_\_





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## **COVID-19 ASSUMPTION OF RISK/WAIVER/COVENANT NOT TO SUE/INDEMNIFICATION AGREEMENT ("AGREEMENT")**

The novel coronavirus, ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious and believed to spread mainly from person to person. As there is currently no vaccine for COVID 19, the Centers for Disease Control and Prevention ("CDC") has advised the best way to prevent illness is to avoid being exposed to the virus. Taking into account CDC guidance, and in accordance with applicable federal, state and local rules, restrictions and guidelines, the Westport Weston Family YMCA (the "YMCA") has put in place for 2020 social distancing and safety guidelines and best practices intended to prevent the transmission of COVID-19 between or among members.

Despite the prevention steps recommended by the CDC and the precautions being taken by the YMCA, I understand and acknowledge that there is no guarantee or assurance that I will not be exposed to or infected by COVID-19. I understand that the CDC has identified on its website ([www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)) a number of factors that may contribute to the spread of COVID-19, including, without limitation:

- COVID-19 may be spread by people who are not showing symptoms;
- A person can possibly get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes; and
- COVID-19 can also be spread through respiratory droplets produced when an infected person coughs, sneezes, or talks.

In addition, I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

I understand the hazards of COVID-19 include but are not limited to, people carrying COVID-19 without any symptoms, pneumonia-like symptoms, severe multi-system inflammatory syndrome in children, and possible death or long term disability from contracting COVID-19.

Notwithstanding the risks associated with COVID-19 and that participation in the YMCA may increase the risk of exposure to COVID-19, I hereby willingly choose to participate in activities and use the facility, including, without limitation, exercise equipment, locker rooms, parking lot, and sidewalks at the YMCA.

In consideration of my participation in activities and use of facilities at the YMCA, I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from being on the premises and participating in YMCA activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and on behalf of my heirs, assigns, personal representatives and next of kin) the YMCA, its owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of being on the premises and participating in YMCA activities or use of YMCA facilities.

I shall indemnify, defend and hold harmless the RELEASEES, to the full extent available under law,



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from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the claims I have released under this Agreement.

If any provision of this Agreement is declared void or unenforceable by any judicial or administrative authority, the validity of any other provision and of this Agreement shall not be affected thereby. This Agreement constitutes the entire understandings and agreement between the parties as of the date hereof and supersedes all previous agreements and understandings between the parties with respect to COVID-19.

I certify that at the time of executing this release and indemnification, neither myself, my child(ren), if applicable, or anyone else in the household, if applicable, have (1) any symptoms of COVID-19, (2) have come in contact with any individual who tested positive for or was diagnosed with COVID-19 or is waiting for a COVID-19 test result, (3) have been diagnosed with or tested positive for COVID-19, or (4) have traveled outside the United States or to any state identified by the State of Connecticut in a travel advisory within the last 14 days. Further, I understand and agree that I will not be able to utilize the YMCA if any of these statements are no longer true and I will not visit the YMCA if any of these statements are no longer true.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Authorization:** I represent and warrant that I am the parent/legal guardian of the minor who signed above (the "Minor") and that I am authorized to sign this form on the Minor's behalf. I hereby agree to be bound, on my own behalf and on behalf of the Minor, by the terms set forth above.

**Printed Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Signed on behalf of Child(ren) Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_





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## Adult Participant Release & Waiver of Liability and Indemnity Agreement

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE WESTPORT WESTON FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I acknowledge and agree that any use of the Westport Weston Family YMCA (facilities, services, equipment and premises ("Facilities") and any participation in the Westport Weston Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the Westport Weston Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by me. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Signature

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



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## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND THOSE OF YOUR MINOR CHILD AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ON BEHALF OF YOURSELF AND YOUR MINOR CHILD ARE RELEASING THE WESTPORT WESTON FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Westport Weston Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Westport Weston Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the Westport Weston Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, arising out of or in any way related to the use of Facilities and participation in Programs

Minor Name (Print Clearly)

Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)