

# Guest Pass Application

St. Cloud Area Family YMCA

2001 Stockinger Drive

St. Cloud, MN 56303



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Household Information (PLEASE PRINT)

<b>Adult (parent/guardian for guests under 18)</b>			<b>YMCA Use Only</b> <input type="checkbox"/> Photo
<b>Street Address</b>			<b>Gender (M/F)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Phone (Including Area Code)</b>	<b>Birthdate (MM/DD/YYYY)</b>	<b>Email Address</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone (Include Area Code)</b>	

## Additional Family Members

First Name	Last Name	Birthdate	Gender (M/F)	YMCA Use Only
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo

## Member Behaviors and Waivers

### Membership Waiver

By participating in the YMCA National 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 any liability for other claims, including loss of property, to the fullest extent of the law.

### Guest Conduct and Use of Facility:

Guest agrees to abide by all the policies and practices of the Y and its facilities and understands that failure to act in accordance with these rules may result in expulsion from the Y and revocation of the guest pass with no refund.

### Photo and Video/Audio Recording Release

I hereby give my permission and consent, now and for all time, to the St. Cloud Area Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the St. Cloud Area Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack, recordings and photo reproductions of myself, my dependents and/or my narrative account of my experience at St. Cloud Area Family YMCA, for publications, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial service. I further agree to the following:

\*Any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

\* Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;

\* YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

\* YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connections with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

### Sex Offender Notice

The YMCA conducts regular sex offender screenings on all memberships, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I understand that it is the YMCA's policy to deny access to those who are registered as sex offenders. I understand that myself and my dependents will be screened through RAPTOR, or similar sex offender screening product.

### Refund Policy

Refunds will not be given for membership paid in advance. Program refund policies vary by program and need to be approved by the director in charge of the program in question.

### KidZone Policy

Myself and me dependents will follow and abide by the posted and available KidZone Rules. I understand that there are fees associated with the use of KidZone services, and a 2 hour time limit.

**By signing below I verify that I have read and understand the above information as well as the Code of Conduct. For the consideration herein, I hereby consent to the foregoing on behalf of myself and my dependents**

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

## For Office Use Only

<b>Staff Initials</b>	<b>Date</b>	<b>Alert</b>	<b>Unit ID</b>
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**Please use a Separate form for multiple Households**