



# HEALTHY LIVING STARTS HERE

## Cumberland Cape Atlantic YMCA

Last Revised: February, 2016

### TELL US ABOUT YOURSELF (Please Print)

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

Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ (We will use email to communicate important information)

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Which statement best describes you?

I am good at making everyday choices to be healthy and live well

I try to make everyday choices to be healthy and live well but struggle to do so

I want to start making everyday choices to be healthy and live well

What is your reason(s) for joining the Y?

Better Overall Health  Weight Loss  Meet New People  Family Fun  Programs for Kids

Did a member refer you?  Yes  No Name of member: \_\_\_\_\_

### TELL US ABOUT YOUR HOUSEHOLD

#### Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

Primary Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Which statement best describes you?

I am good at making everyday choices to be healthy and live well

I try to make everyday choices to be healthy and live well but struggle to do so

I want to start making everyday choices to be healthy and live well

#### Dependents and/or Additional Adults (Anyone over 18 must provide proof of address)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

**EMERGENCY CONTACT INFORMATION**

(Please list a person not on your membership we can contact in case of emergency if we are unable to reach the other adults in your household)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please share any other information which would be valuable in the event of an emergency:

\_\_\_\_\_

\_\_\_\_\_

**MEMBER RELEASE**

I am an adult over 18 years of age and wish to participate in Cumberland Cape Atlantic YMCA/YMCA of Vineland (the "YMCA") membership/program activities and wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition 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 the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result claims against it based upon alleged actions or omissions by me or my children. I also give the YMCA my consent to treatment for myself and my legal wards in the event of an injury and will not hold the YMCA accountable for any charges incurred. I have this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the Cumberland Cape Atlantic YMCA/YMCA of Vineland is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Cumberland Cape Atlantic YMCA/YMCA Of Vineland to use without limitation or obligation, photographs, film footage, or tape recordings which may include mine and/or my children's image or voice for the purposes of promotion or interpreting YMCA programs. I understand to ensure the safety of children and families, the YMCA conducts periodic cross reference of all membership with the Sex and Violent Offender Registry. I have received and read the Cumberland Cape Atlantic YMCA/YMCA of Vineland Member Handbook. I agree to follow the rules and guidelines set forth in this document and understand that failure to do so may result in suspension or termination of my Cumberland Cape Atlantic YMCA/YMCA of Vineland membership.

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

**FOR OFFICE USE ONLY**

Adult  2 Adults  Family  Senior Adult  Young Adult  Teen  Youth

Program Member  Full Pay  Bank Draft  One month (Horizon/NJ State)  3 month  6 month

Business Partner (Name of Approved Employer): \_\_\_\_\_

Membership ID: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Tour Guide: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Membership Fee: \$ \_\_\_\_\_ Discount Group Applied: \_\_\_\_\_

Additional Adult: \_\_\_\_\_ \$ \_\_\_\_\_ Additional Grandparent: \_\_\_\_\_ \$ \_\_\_\_\_ Scholarship Amount: % \_\_\_\_\_

Scholarship: \$ \_\_\_\_\_ Total Monthly Draft: \$ \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Cumberland Cape Atlantic YMCA of Vineland RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for 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 to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

***IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER 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 TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:***

1. ***THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA***, its directors, officers, employees, and agents (hereinafter referred to as "releasee") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned whether caused by the negligence of the releasee or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. ***THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS*** the releasee and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasee or otherwise.
3. ***THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE*** due to negligence of releasee or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

***THE UNDERSIGNED*** further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

***THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT***, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

***I HAVE READ THIS RELEASE***

***I HAVE READ THIS RELEASE***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature  
(If participant is legally a minor)



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FOR SOCIAL RESPONSIBILITY

## Cumberland Cape Atlantic YMCA of Vineland

### Release from Indemnity Fitness and Exercise Orientation

I have been offered and urged to attend an equipment orientation at the Cumberland Cape Atlantic YMCA of Vineland before using any equipment or beginning any exercise. I have been urged to consult with my physician for a physical to determine any health risks associated with my exercising.

I desire to voluntarily waive an equipment orientation at the Cumberland Cape Atlantic YMCA of Vineland and to waive any explanations concerning the risks of use of the equipment or of my exercising. I understand that the exercise will place an increasing workload on my cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the front desk attendant.

I certify that I have no physical condition, which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the Fitness Center.

In consideration for being allowed to participate in the Cumberland Cape Atlantic YMCA of Vineland exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the Cumberland Cape Atlantic YMCA of Vineland and its staff members from any and all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising therefrom.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program, and that I do not want further information. All the questions I have concerning the exercise program or the equipment have been answered to my satisfaction.

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Date

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Printed Name of Participant

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YMCA Staff Witness

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Signature of Participant