



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



ZOO SWAP GUEST WAIVER

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Emergency Contact _____ Emergency Phone _____

Additional Guest Name (under age 18) _____ Date of Birth _____

Additional Guest Name (under age 18) _____ Date of Birth _____

Additional Guest Name (under age 18) _____ Date of Birth _____

ACKNOWLEDGEMENT OF RISK OF INJURY/RELEASE AND WAIVER:

By signing where indicated below, I acknowledge and understand that there may be risk of injury involved in the activities I (and any children under my supervision) may participate in during my (our) visit to the YMCA. I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify the YMCA of South Hampton Roads, their family centers and locations and their respective agents, employees, officers, directors, members and other staff and personnel, and each of their personal representatives, assigns, heirs and next of kin, from any loss, liability, damage, or cost resulting from any and all injuries, claims, demands, actions or judgments which I (my guests and any children under my supervision) have had, or may have, or which my heirs, executors or administrators may have or claim to have against the YMCA of South Hampton Roads, their respective successors or assigns, for all injuries, known or unknown, or injuries to property, real or personal, known or unknown, caused by arising out of, or related to my (our) use of the YMCA of South Hampton Roads Family Center or location. Guests ages 18 and older must provide a government issued ID and sign a guest waiver. All guests under the age of 18 must be accompanied by an adult and have a waiver signed by a parent, guardian, or adult (18 or older) YMCA of South Hampton Roads member. If currently enrolled in a YMCA program, participants under the age of 18 years old must have a waiver signed by a parent or guardian on file. Current YMCA participants ages 13-17 years old can access the Y without a parent/guardian (during their program) with a signed waiver. Waivers for program participants are good for one year.

I give my permission to the YMCA of South Hampton Roads to use without limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

Code of Conduct: We expect everyone using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or actions that can hurt or frighten another person or that falls below a generally accepted standard of conduct. Suspension or termination of participation in activities may result from any violation of the Code of Conduct.

I understand that the YMCA has the sole authority to terminate my visit with or without notice to ensure the safety and comfort of the general membership.

Signature _____ Date _____

FOR OFFICE USE ONLY

- ID checked State _____ ID # _____
- Guest Unit ID # _____
- Entered into prospect registration Notes added

NUMBER OF VISITS USED:

- 1 2 3 Week Pass (1 per calendar year)
- Follow up call made on/by _____ Joined