



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Rochelle YMCA Guest Application

Guests must have Photo ID in order to use the facility

6 guest passes allowed per calendar year

Please print legibly!

Full Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip Code _____

Telephone Number (____) ____-____ Cell House

Daxko Member ID # (Staff inputs) _____

Email Address _____@_____ Can we add you to our mailing list Yes No

Emergency Contact _____ Phone Number (____) ____-____

Name of accompanying member (leave blank if not applicable) _____

Reason for coming in: Fitness class Basketball Raquetball Pool Weight Rm Other

Waiver of Liability: I hereby acknowledge that I am in good health, and I am fully able to participate in activities and programs of the YMCA. I hereby assume the risk of any and all accidents or injuries of any kind, which may be sustained by me, by reason of, or in connection with my use of this YMCA facility. In consideration of my right to use the YMCA as a guest, I hereby release, discharge and absolve the YMCA, its agents and employees, from any and all liability or reasonability for such accident, injury or death, if such accident, injury or death is not the result of negligence of the YMCA, its agents or employees. I understand that it is of the discretion of the New Rochelle YMCA, its Director and/or staff, to determine if for any reason a guest should not be permitted in the New Rochelle YMCA facility, premises, and/or grounds.

I understand that the New Rochelle YMCA 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.

Guest's Signature (18 & over ONLY): _____ Date: _____

Parent/Legal Guardian's Signature _____ Date: _____
(if guest is under 18)

Staff Only:

ID Of: <input type="checkbox"/> Parent/Guardian (if under 14) <input type="checkbox"/> Guest	ID Taken: <input type="checkbox"/> State <input type="checkbox"/> Govt <input type="checkbox"/> School
Photo Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Card
Staff Notes:	Staff reviewing:



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the New Rochelle, I hereby give my permission and consent, now and for all time, to New Rochelle YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education 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 services.

I further agree to the following:

- Any video film, footage, sound track 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 New Rochelle YMCA 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 New Rochelle YMCA and collaborating third parties;
- New Rochelle YMCA and collaborating third parties collaborating 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
- New Rochelle YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use 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 New Rochelle YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Printed Name: _____ Date: _____ Age: _____

Address: _____

Signature: _____

I am the Mother/Father/Legal Guardian. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____