



Behavior Statement

The guiding values of the Tampa Metropolitan Area YMCA state that we treat every individual in accordance with our core values of Faith, Caring, Honesty, Respect and Responsibility. The YMCA is a family oriented center; members and guests are expected to behave in an appropriate manner.

Inappropriate behavior, including but not limited to: the use of abusive or foul language, dangerous play, fighting, or promiscuous activity, is unacceptable and may result in the termination of your membership and/or guest privileges. Members will be held responsible for the conduct of their guests.

Guest Registration and Release from Liability Form

I understand that even when every reasonable precaution is taken, accidents sometimes occur. Therefore, in exchange for the YMCA allowing me to use the facility, and participate as a guest, I understand and expressly acknowledge that I release the YMCA and its staff members from liability for any injury, loss, or damage connected in anyway whatsoever to participation in YMCA programs and services on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. In addition, I acknowledge and understand that while in the facility I will be held to the same high standards of behavior expected of any YMCA member or guest.

I have read and am voluntarily signing this authorization and release form. **Signature:** _____

PLEASE FILL OUT LEGIBLY AND COMPLETELY.

Name: _____ **Date of Birth:** ___/___/_____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ - _____ - _____ **E-mail Address:** _____

Emergency Contact Name: _____ **Relation:** _____

Emergency Contact Phone: _____ - _____ - _____

If guest of member, Member's Name: _____

Member Initials: _____ **Guest Initials:** _____

If the guest is a minor, the following must be completed by the guest's parent or an authorized adult:

Name: _____ **Signature:** _____ **DOB:** _____

OFFICE USE ONLY

| | | |
|------------------------------|------------------------------|--|
| Check One: Local Guest _____ | Out of Town Guest _____ | Potential Member /Trial Visit _____ |
| AWAY Member _____ | Regional Member _____ | Branch _____ |
| Checked Photo I.D. _____ | Copied Membership I.D. _____ | In CCC: Y N Staff Initials: _____ |