



UNICOI COUNTY FAMILY YMCA
 601 Love St, Erwin, TN 37650
 P 423 743 3361 W uclymca.org

Guest Form

Adult Guest (or Guardian of Youth Guest)		
First Name	Middle	Last
Date of Birth	Gender	Race
Address		
Phone	Email	
Driver's License		

Emergency Contact		
Emergency Contact Name	Relationship to Guest	Phone Number

Youth Guests (Must live within the same household)				
First Name	Middle	Last	Date of Birth	Gender
First Name	Middle	Last	Date of Birth	Gender
First Name	Middle	Last	Date of Birth	Gender
First Name	Middle	Last	Date of Birth	Gender

YMCA Release Waiver I am an adult over 18 years of age and wish to participate in YMCA activities. In consideration 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, 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 inspected and carefully considered such premises and facilities or the affiliated program. In addition, I permit my children to participate in YMCA activities. I understand that accidents can sometimes happen even when every reasonable precaution is taken. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members, and guests.

Members and guests are welcome and will be considered regardless of race, color, religion, national origin, sex, age, sexual orientation, physical or mental disabilities, or any other basis protected by state, federal or local law. I understand that the 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.

I give permission to the YMCA to use my obligation, photographs, film footage, or tape recordings, which may include my image or voice, to promote or interpret YMCA programs.

I have read, understand, and am voluntarily signing by this authorization and release.

Note: Parent/guardian must sign if applicant is under 18 years of age.

Adult/Guardian Signature _____ Date _____
 Minor Signature _____ Date _____

Office Use	
Payment Type	_____
ID Checked	_____
Staff Initials	_____
Date	_____