

LIVONIA FAMILY YMCA

TODAY'S DATE: \_\_\_\_\_



We build strong kids, strong families, strong communities

DAILY FACILITY USAGE APPLICATION-DAY/GUEST PASS USERS

Type of Pass: \_\_\_\_\_ Individual with Member (\$10.00) \_\_\_\_\_ Individual under 18 with member (\$5.00)

**\*\*ALL GUESTS MUST BE 18 OR ACCOMPANIED BY A RESPONSIBLE ADULT OVER 18 YEARS OF AGE\*\***

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_
Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_
First Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

Please read the following, initial each section, sign and date below:

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this YMCA at my own risk and shall hold this YMCA, its directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom. \_\_\_\_\_ initial

Guest Policy:

- Guests may only enter the Livonia Family YMCA when accompanied by a member and register at the front desk.
• A member may host a maximum of two (2) guests at a time.
• A guest fee will be charged for guest usage of the Livonia Family YMCA.
• All guests must present picture identification and complete a registration and waiver of liability form prior to entry into the Livonia Family YMCA.
• A parent or legal guardian must accompany all guests under the age of eighteen (18) and present an authorization form for release of liability signed by a parent or legal guardian prior to using the Livonia Family YMCA.
• Guests must be with a member to use the facility.
• Individuals may only be a guest 2 times each year.
• Teen guests (13-17) for safety reasons do not have access to the Wellness Center. \_\_\_\_\_ initial

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please list children and date of Birth: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_