## **Community YMCA of Eastern Delaware County**



Membership Behavior/Informed Consent V.6/2020

## **Behavior Agreement**

The Community YMCA reserves the right to revoke the membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises. The Community YMCA reserves the right to revoke membership privileges of any person who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others including failure/refusal to follow all health & safety guidelines. The YMCA may also refuse service or deny participation to any person in violation of any of these guidelines and/or displays abusive, aggressive or threatening behaviors.

\_\_\_\_\_\_ Acknowledgement by initialing here

## **Informed Consent & Liability Waiver Agreement**

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the Y cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of equipment within the facility.

I/We understand that the YMCA is taking all reasonable precautionary measures to mitigate the spread of any illness including COVID 19, including but not limited to, regular surface cleaning, hand sanitizer stations, required social distancing, and use of PPE where necessary. Despite these measures and its best efforts, the YMCA cannot guarantee that the virus will not be present. Therefore, members and staff are encouraged to take personal precautions such as frequent handwashing, wearing a face mask, and maintaining social distancing to help safeguard themselves against the virus.

I/We therefore assume all responsibility for having a thorough medical examination performed by a medical practitioner of my/our choice before participating in any programs and prior to using the facilities or equipment within the facilities.

I/We also assume all responsibility for abiding by the recommendation of said medical practitioner, including but not limited to, as they pertain to limitation of exercise, participation in YMCA programs and use of YMCA facilities or equipment within YMCA facilities.

Furthermore, in consideration of my/our participation in the activities of the Community YMCA, I/we do hereby agree to hold free from any and all liability the Community YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Community YMCA, use of its facilities, or use of equipment within its facilities.

I/We the undersigned have read, understand and agree to the above.

Print Name	
Signature	
Date	