

24/7 Member Access Application



Date: _____

Name: _____ DOB: _____

Email: _____

Cell Phone Number: _____

- You must be age 19 and up to apply for 24-hour access.
- At no point, regardless of situation or for any reason, can any member of under the age of 19 remain in the YMCA after the building has been closed by YMCA Staff.
- You must be a member of the Scenic Rivers YMCA for 30 days – Not available for members or guests.
- You must sign a waiver and submit a background check. (Background checks must be resubmitted yearly) SITE: <https://epatch.pa.gov/TandCVolunteer>
- You must pay a \$25 activation fee* for the keycard. *Replacement/reactivation is \$25.
- We highly recommend that you exercise with another 24-hour member when using our facility outside of staffed hours.
- An AED is located near the membership desk. In case of an emergency, use your personal mobile to call 911. There is also a phone available at the membership desk. Press Line 1, then dial 911.
- Your Keycard is your after-hours key to the facility.
- You must scan your Scenic Rivers YMCA membership card at the desk upon entry.
- Use caution in inclement weather as snow and ice removal may not occur until staffed hours.
- When entering and exiting, please make sure the door closes behind you.
- Do not hold the door for anyone. Everyone must use their own key card for access so we can identify who is in the building at all times. Key cards may not be shared with anyone. Doing so is a violation of our policy and will result in you permanently losing your 24-hour access and possible termination of your membership.
- The Wellness Center, Free Weight Room, Track, Gymnasium and Restrooms are the only areas available after hours. Locker Rooms, and Multi-Purpose Rooms are not available after staffed hours.
- The facility is under 24-hour video surveillance.
- Availability subject to change.

Why are you interested in 24-hour access? : _____

I have read the above conditions and understand any violation will result in my 24/7 access being revoked.

Signature: _____ Date: _____

PLEASE attach your completed PA State background check to this application for approval.

Staff use only:

Application turned in on: _____ Employee Initials: _____ Key Card Number: _____

Approved: _____ Denied: _____ MD Signature: _____

MEMBER ASSUMPTION OF RISK AND RELEASE

I understand the risk from YMCA activities and use of any YMCA equipment is significant, including the potential for physical or emotional injury, paralysis or permanent disability, death, and property damage.

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an unsupervised Fitness Center and I assume all risks associated with using exercise equipment, products, and machines, as well as exercising alone without the aid of YMCA staff on the premises. In addition, I acknowledge that YMCA activities may include outdoor exposure to additional risks, such as slick surfaces, uneven surfaces, loose rock/gravel, icy/snowy conditions, or other items.

2. I hereby release, indemnify, and hold harmless the Scenic Rivers YMCA and its directors and officers, with respect to any and all injury, disability, death, loss or damage to person or property that may arise out of or in connection with use of any of the equipment, products, machines, or the facilities of the YMCA, or an incident that occurs while using the facilities, or otherwise related to my membership.

3. I expressly agree that this release is intended to be as broad and as inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. The release shall apply to my heirs, assigns, personal representatives and to any other next of kin. I understand the YMCA is relying on this release in agreeing to enter into this Agreement.

4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume-and bear the costs of-all risks that may be created, directly or indirectly, by any such condition.

5. I represent that I have thoroughly read the policies herein and understand that any failure to adhere to the rules will be grounds for immediate termination of all membership privileges.

6. I HAVE READ THE POLICIES AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND FOREVER WITHOUT ANY INDUCEMENT. BY SIGNING THIS DOCUMENT, I AGREE THAT IF I AM HURT OR MY PROPERTY IS DAMAGED DURING MY PARTICIPATION, THEN I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT OR ANY CHARGES AGAINST THE PARTIES BEING RELEASED ON THE BASIS OF ANY CLAIM FOR NEGLIGENCE.

TERMS AND CONDITIONS

I hereby confirm that I am aware of and agree to the Terms and Conditions of the 24-Hour Access Policies and Member Assumption of Risk and Release. I also understand that the YMCA may update this document at any time and deactivate member use if the member does not sign the updated document. I further understand and agree that it is my responsibility to provide any changes to my contact information.

Signature

Date
