



**YMCA of Southwest Florida
Guest Form**

Please print the following information

***Valid Photo ID Required**

Name _____

Address _____ City _____

State _____ Zip Code _____ Date of Birth _____

Phone Number _____ Email Address _____

Guest of: _____ YMCA Member ID# _____

Emergency Contact: _____ Phone Number _____

WAIVER

EVERYONE PLEASE READ CAREFULLY AND SIGN

I understand that the exercise will place an increasing workload on my cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling lightheaded or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the front desk attendant.

I certify that I have no physical condition which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the Fitness Center.

In consideration for being allowed to participate in the YMCA of Southwest Florida exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the SKY Family YMCA and its staff members and Directors from all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising there from.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program.

_____ Date

_____ Printed name of participant

_____ YMCA staff

_____ Signature of participant

If participant is under 18

Printed name of Parent/Guardian _____ DOB _____

Signature of Parent/Guardian _____

AWAY Members: Primary YMCA name: _____

Staff Use Only:

Fee Collected _____ Date Entered _____ Staff Initials _____

One Day Pass _____ One Week Pass _____ AWAY (5Visits) Pass _____

Scanned Driver's License _____ Photocopy of Passport _____