



**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 \_\_\_\_\_