



LAKELANDS REGIONAL YMCA OF SC GREENWOOD

CORPORATE MEMBERSHIP APPLICATION 2022

Date of Enrollment _____

Corporation: **LANDER UNIVERSITY** Membership Type _____

Employee Name _____ Birthdate ____ \ ____ \ ____
First MI Last

Mailing Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ E-mail _____

Gender: Male Female Marital Status: Single Married

Race: African American Asian-American Caucasian Hispanic Other _____

2 nd Adult Information	Additional Members' Name	M/F	Birthdate
Name _____	_____	_____	____ \ ____ \ ____
Birthdate ____ \ ____ \ ____ Phone _____	_____	_____	____ \ ____ \ ____
Email _____	_____	_____	____ \ ____ \ ____
Employer _____	_____	_____	____ \ ____ \ ____

Emergency Contact _____ Relationship _____ Phone _____

The YMCA may, at any time refuse the usage of our facilities and dismiss anyone without refund who abuses any YMCA facility or equipment or whose behavior is not in accordance with the accepted rules of conduct.

Financial Assistance:

The financial assistance program uses contributed dollars from our Annual Campaign to ensure that those who are unable to pay the fees can participate. Please consider donating today.

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Please check type of membership desired: EMPLOYEE MUST BE ON THE MEMBERSHIP

***** (Dependents = ages 0-23)

MEMBERSHIP TYPE	MONTHLY DRAFT
2 Adult + dependents	_____ \$55.20 monthly
1 Adult employee + dependents	_____ \$47.20 monthly
2 Adult Household	_____ \$47.20 monthly
Adult Employee	_____ \$38.40 monthly
Senior Adult Employee (age 55 or older)	_____ \$28.80 monthly
Young Adult (ages 18yr-25yr)	_____ \$22.40 monthly

Employee Signature _____ Date _____

**MUST SHOW LANDER EMPLOYEE ID WHEN SIGNING UP.
BRING MEMBERSHIP APPLICATION AND SIGNED AGREEMENTS TO THE YMCA TO ACTIVATE.**

MEMBERSHIP AGREEMENT

The Lakelands YMCA - GREENWOOD is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan or in full for a year. Joining fees are non-refundable processing fee. I understand the Y will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the Y facilities. Membership card must be presented to enter facility. Any member who loans their membership card to another individual will be subject to loss of membership privileges.

Member Initials _____

NATIONWIDE MEMBERSHIP

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Member Initials _____

RELEASE MEDIA

I give permission for photographs/video to be taken of me, my spouse and/or my child during normal program activities to be used in YMCA promotional materials without thought of remuneration. I authorize the Family YMCA of Greater Laurens to utilize videotape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of me or my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Member Signature _____

Date _____

INFORMED CONSENT FOR EXERCISE

I desire to engage voluntarily in the Y exercise program and/or the use of the Y's facility and equipment in order to improve my physical fitness. I understand that some activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of an exercise program is to develop and maintain cardio and respiratory fitness, body composition, and muscular strength and endurance. Specific exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary), participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that I have been given an opportunity to ask questions concerning an exercise program, the facility, and the various machines at the Y and that my questions have been answered to my satisfaction.

I understand that medical clearance is not required to participate in Y activities or to use the facility, however, I also understand that it is in my best interest to seek medical clearance before using the Y's facility or before participating in any Y exercise program. If a medical clearance must be obtained for any reason prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program and to give a copy of my doctor's statement to the Y.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and been given my physician's permission to participate in Y programs, or that I have decided to participate in activities and to use Y equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Also, in consideration for being allowed to participate in the Y exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the Y and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising from the exercise program.

Member Signature _____

Date _____