



TWO RIVERS YMCA Request for Financial Assistance

Received By: _____

Date: _____

PERSONAL INFORMATION

Name of Applicant _____ E-mail _____

Street Address _____ City/Zip _____ Phone _____ Birth Date _____

Check Race: Asian Black Hispanic White Other

Check Status: Single Married Divorced Separated Widowed

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS TO BE INCLUDED ON THIS MEMBERSHIP

Name	Birth Date	Age	M/F	School/Employer	Relationship to Applicant
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

GROSS MONTHLY INCOME INFORMATION (Please list all sources)

	Applicant	Other Adult in Household
Employment	_____	_____
Child Support	_____	_____
Social Security	_____	_____
Food Stamps	_____	_____
Disability	_____	_____
School Loans/Grants	_____	_____
Other Income Sources	_____	_____
TOTAL	_____	_____

Combined Monthly Income Total \$ _____

Please provide a brief explanation of any extenuating circumstances that affect your ability to pay YMCA membership and/or program fees that may not be evident on your financial information.

I HEREBY CERTIFY ALL THE INFORMATION PRESENTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

TWO RIVERS YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the under-signed, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Participant's Signature

Date

Parent or Guardian's Signature
(if participant is legally a minor)

Date

FOR OFFICE USE ONLY

Discount % _____ Membership Type _____ SACC Disc% _____

Total owed by applicant \$ _____ in _____ Payments of \$ _____

Account #
Name