

TWO RIVERS YMCA SAC/Camp Financial Assistance Request

Received By:	
Date:	

To be considered for financial assistance, the following documentation is required: Photo ID, latest Income Tax Return (or non-filer letter) and this completed form

PERSONAL INFO	RMATION								
Name of Applica	ant	E-mail							
Street Address		Cit	y/Zip		_ Phor	ne		Birth Date	
Check Race: Check Status: Check Status:	☐ Single	☐ Married	d 🖵 Di	vorced	Separated			red	
EMERGENCY CON	ITACT								
Name		Phone				Relati	ionship _	nship	
PLEASE LIST ADD Name		Birtl	n Date	Age	M/F	School	/Employer	Relationship to Applicant	
2									
3									
4									
5									
6									
GROSS MONTHLY		ENSES (Ple a Y INCOME	se list all s	ources)		MONTH	ILY EXPEN	SES	
Employment									
Child Support									
Social Security									
Food Stamps									
Disability School Loans/Gra									
Other Income Sou									
TOTAL									
and/or program fe	ees that may not	be evident o	n your fina	ancial info	ormation.			o pay YMCA membership	
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Signature								F MY KNOWLEDGE.	
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Any assistance granted will be available for one year from date of application. Applicants must re-apply yearly.

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.
- 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 AGREE-MENT, 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	Date					
		(if participant is legally a minor)		Account #	Name			
FOR OFFICE USE ONLY				#				
SAC Discount %								
Total owed by applicant \$	in	Payments of \$						