WHITMAN COLLEGE

Walla Walla YMCA

Corporate Membership Application

☐ New ☐ Change
☐ Renew ☐ Add
☐ Cancel ☐ Drop

Date: _____
Payroll Deduction: $ _____
Cash in Full: $ _____

PID# | Membership Code | Group ID 0011

Last Name (please print) | First Name | Casual Name | M / F | Birth Date

Mailing Address | Home Phone

City | State | Zip | Cell Phone

Email Address | Work Phone

Emergency Contact | Emergency Contact Phone Number | Member's Employer/School

Preferred Method of Contact: ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email

ADDITIONAL FAMILY MEMBERS TO BE INCLUDED ON MEMBERSHIP

ADDITIONAL ADULT:

Last Name (please print) | First Name | Casual Name | M / F | Birth Date

Employer/School | Cell/Work Phone

YOUTH - AGE 18 AND YOUNGER:

First, (Casual), and Last Name	Birth Date		School
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	

Walla Walla YMCA Mission Statement: The Walla Walla YMCA is dedicated to the values of caring, honesty, respect and responsibility and committed to building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind and body.

Walla Walla YMCA
340 S Park St
Walla Walla, WA 99362

(509)525-8863
Fax (509)529-0977
www.wwymca.org

Walla Walla YMCA

Membership Agreement

The Walla Walla YMCA is a charitable not-for-profit membership organization. Corporate Membership dues are paid by the monthly payroll deduction plan or in full for a year in accordance with the Corporation's annual agreement with the Walla Walla YMCA. Membership fees are non-transferable and non-refundable. Membership anniversary dates cannot be extended.

Corporate Membership Guidelines:

- A 10% discount from the YMCA's Basic Adult membership rate will be given to active employees enrolled through the Corporate Membership Program.
- Center Membership fees are not discounted.
- There is a $30 joining fee per adult for new YMCA members. The joining fee is waived for new members 65 and older.
- Two methods of payment are offered to participants in the Corporate Membership Program. Listed below.
- Payment of membership dues is to be collected by the employer and made to the YMCA in singular form as one corporate membership payment.
- Enrollment shall be at one time per year and continue for a 12 month period.

Full Payment:

- Memberships paid in full must be received at the time of application/renewal.
- Annual anniversary dates cannot be extended, are non-refundable and non-transferable.
- Dates are in accordance with the Corporation's annual agreement and cannot be altered.

Monthly Deduction Terms:

- This is an annual membership plan deducted monthly from an employee's payroll to be renewed annually during the Corporation's open enrollment period.
- In order to terminate or change membership in any way, employee must give the Corporate Contact and/or payroll a 30 day written notice.
- Should Corporation's payroll, for any reason, not honor any membership deduction, employee is still responsible for that payment.

Selected Payment Method

☐ **ANNUAL PAYMENT**

Member pays twelve (12) months of dues in one payment. Expiration date will be one year from the Corporate Anniversary date. Annual memberships are non-refundable and non-transferable.

I understand that by enrolling in the annual payment that the above conditions apply to my membership and payment.

_____
NAME OF EMPLOYEE

_____
SIGNATURE

☐ **PAYROLL DEDUCTION** ○ 12 Month Schedule ○ 9 Month Schedule

Payment of membership dues are regularly withdrawn from payroll from the Corporation listed below. The corporation must be enrolled in the Walla Walla YMCA's Corporate Membership program. Corporate Memberships must be renewed annually on the Corporations annual renewal date. All changes must be submitted to the corporation's contact. Employee listed below authorizes the Walla Walla YMCA to receive membership payments from his/her monthly payroll.

I authorize my employer to withdraw from my monthly payroll.

_____
NAME OF EMPLOYEE

_____
CORPORATION

_____
DEDUCTION AMOUNT

_____
SIGNATURE

- If employee is employed on an "On Call" basis and would like to participate in the Corporate Membership Program, they are required to use the Annual Payment method.
- Any changes to membership account must be submitted to Corporation's designated Corporate Contact.
- The authority is to remain in full force until the Corporate Contact has been notified in writing for all payroll deduction memberships.
- To cancel– please notify Corporation's designated Corporate Contact in writing 30 days prior to desired cancellation date.

The spirit and intent of this program is to encourage participation by company employees in the YMCA facility and programs. Any change in membership agreement shall become effective on the anniversary date of the participating company, unless mutually agreed upon by both the Walla Walla YMCA and the participating Corporation.

Walla Walla YMCA

Conditions of Membership

Admittance Policy: I understand that I will be denied access to the YMCA if my account is not current. I understand that to enter the YMCA on each visit, I will need to provide the proper identification, in the form of my issued membership card or photo ID.

Cell Phone/Video Taping: Due to advances in video equipment and telephone video/photo technology, and for the safety and security of our members and guests, any and all video/photo equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within the YMCA facilities. No photograph or video is allow on YMCA property or in YMCA programs without permission from the YMCA. Applicant acknowledges that voyeurism is a Class C felony in the State of Washington under RCW 9A.44.115.

Criminal History: All applicants acknowledge that it is the policy of the Walla Walla YMCA to deny membership to any individual convicted of a sexual offense or is a registered sex offender and that the Walla Walla YMCA will periodically check it's membership records for criminal history. The YMCA reserves the right to terminate membership if the YMCA becomes aware that a member has been convicted of a sex crime. By signing below I am acknowledging that I am NOT a registered sex offender, nor is anyone else included on this membership application.

Insurance: The applicant understands that the Walla Walla YMCA does not provide any accident or health insurance for it's members or participants and further understands it is the applicant's responsibility to provide such coverage.

Member Conduct and Right to Use the Facility: The applicant(s) agree(s) to abide by all policies and procedures of the Walla Walla YMCA and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Code of Conduct: Using the principles of Caring, Honesty, Respect and Responsibility as a guide, the Walla Walla YMCA has implemented the following Code of Conduct to ensure that all who participate in the YMCA enjoy a safe, welcoming and comfortable environment. We ask all members to behave in a manner that upholds these principles at all times when they are in our facility or participating in our programs. Specifically, actions that do not adhere to these guidelines and are not permitted include:

- Using angry or vulgar language, including swearing, name-calling or shouting.
- Making physical contact with a person in an angry or threatening manner.
- Engaging in sexual activity or contact.
- Harassing or intimidating by words, gestures, body language or other menacing behavior.
- Stealing or destruction of property
- Carrying or concealing any weapons, devices or objects which may be used as a weapon.
- Smoking (our YMCA offers a smoke free environment)
- Refusing to adhere to staff requests.
- Using or Possessing illegal drugs or alcohol on YMCA property or while participating in YMCA programs.

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries. The applicant further understands that the Walla Walla YMCA assumes no responsibility for any such injury or illness.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs. The YMCA shall have absolute right to use such pictures, in whole or in part, to publish, copyright and reproduce said pictures. If the person photographed is under 18, the applicant certifies that he/she is the minor's parent or legal guardian and the applicant gives consent on the minor's behalf for the YMCA to use, without limitation or obligation, the photographs or other media.

Property Loss: The applicant understands that the Walla Walla YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

I have read and agree to the "Conditions of Membership"

_____

Primary Adult Name | Signature | Date

_____

Secondary Adult Name | Signature | Date

Walla Walla YMCA

Release and Waiver of Liability and Indemnity Agreement

In consideration for programs and activities of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, 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 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 program 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 off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES. WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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 foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington 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 and understand this document and release

_____

Primary Adult Name | Signature | Date

_____

Secondary Adult Name | Signature | Date

Name(s) of minor child(ren) I am responsible for:

_____ _____ _____ _____

_____ _____ _____ _____