YMCA of McDonough County Corporate Membership Program Y Staff Initials_____

TO ENSURE THE SAFETY AND WELL- BEING OF THE CHILDREN AND FAMILIES IN OUR CARE, ALL APPLICATIONS WILL BE SCREENED THROUGH A NATIONAL SEX OFFENDERS DATABASE

Please print when filling out this form

Primary Member First Name	M I	Member Last Name	Date of Birth	Gender

Ethnicity ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Listed ☐ Rather not say

Mailing Address	City	State	Zip Code

Primary Phone/Cell Phone	Email (Required)

Emergency Contact Name	Phone

Significant Other First Name	M I	Last Name	Date of Birth	Gender

Ethnicity ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Listed ☐ Rather not say

Primary Phone/Cell Phone	Email Address (Required)

Dependent Children ages (0-24) must be living in your home or attending college. Proof of address or college attendance may be required

Dependent First Name	M I	Last Name	Date of Birth	Gender	Relationship
Dependent First Name	M I	Last Name	Date of Birth	Gender	Relationship
Dependent First Name	M I	Last Name	Date of Birth	Gender	Relationship

Acceptance of this plan means my membership will be set up on a continuous, ongoing basis as long as I am an employee of **WIU,** and as long as the YMCA of McDonough County and **WIU** agree to offer this plan. Should rate changes occur, I will be notified at least 20 days in advance of the end of the renewal date.

- Should I wish to terminate my membership, I may do so only during the annual sign-up period which will be held in December.
- If I do not contact **WIU** during the annual enrollment period, my membership will automatically be renewed at the rates that I have been informed.
- Adult children 18-24 may remain on your family membership if they are full-time students and reside in your household

Please return the completed form prior to December 1st. This membership is a ONE YEAR contract that will run January 1, 2027 through December 31, 2027; cancellation and changes may only be made during the enrollment period.

I authorize **WIU** to deduct _____from my paycheck from **1/1/27 to 12/31/27** for a _____Membership.

12 Pays							
Youth	**Young Adult**	**Adult**	**Couples**	**1 Parent Family**	**Family**	**Adult Locker**	**2 Adult Locker**
$20.50	$28.75	$39.53	$53.34	$44.63	$55.89	$10	$20
24 Pays							
$10.25	$14.36	$19.76	$26.67	$22.31	$27.94	$5.00	$10.00
9 Month Employee							
$27.33	$38.33	$52.70	$71.12	$59.50	$74.52	$13.33	$26.66

Signed by Human Resources signifies that payroll deduction will begin at my next pay period.

Human Resources Signature_____ **Date**_____

Flip Over→

Photo Release

Pictures/videos will be taken throughout the tournament of various people for marketing purposes. We also have a Facebook page that features pictures of the events: I give my permission for any videos or photos to be used by the YMCA.

Circus/Aerials/Gymnastics Warning Statement

The safety of all our participants is our utmost priority at the Y. By the nature of this activity/sport, Circus/Aerials/Gymnastics carries a risk of physical injury. No matter how careful the participant(s) and or coach(es) are, there is still a risk. It does not matter how many spotters are used, what equipment is involved at what height level or the type of landing surface that exists. The risk cannot be eliminated. Reduced, Yes, with proper safety procedures and training but it is still there. Potential injuries could be sustained but are not limited to scrapes, blisters, bruises, fabric burns or more serious injuries including paralysis or even death may occur.I, the participants' parent or legal guardian, understand the nature of these activities and programming risks. I hereby believe in the minor(s) capabilities and attest for them to be qualified and in good health and physical condition to participate. I understand the YMCA of McDonough County does not hold medical coverage for any of the participants enrolled in the program. I hereby assume full responsibility for the risk of bodily injury, death or property damage due to negligence and release all parties involved.

Code of Conduct Members will secure personal items in a locked locker and the YMCA of McDonough County is not responsible for lost or stolen items. The YMCA of McDonough County reserves the right to suspend membership privileges if the member's behavior or conduct is not consistent with the YMCA of McDonough County's Code of Conduct.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA OF MCDONOUGH COUNTY facility usage and activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence the **YMCA OF MCDONOUGH COUNTY** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA OF MCDONOUGH COUNTY usage and activities, **including onsite, off-site, virtual, and pre-recorded on video activities,** involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, exposure to our contracting of communicable diseases, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in these activities, whether onsite, off-site, video, recorded, virtual, or otherwise, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____ **Print Name** _____ **Date** _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of_____ (PRINT minor's names) being permitted to participate in facility usage or this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor(s) or are in any way connected with such participation by minor.

Parent or Guardian X _____ **Print Name** _____ **Date** _____

Western Illinois University

BENEFIT PAYROLL DEDUCTION & REVOCATION AGREEMENT

Pay Frequency: ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly Date:_____

Pre-Tax Deduction: ☐ 403B

Post-Tax Deduction: ☐ 403B ROTH ☐ Long Term Disability ☐ YMCA

☐ I hereby **authorize a deduction** from my earnings in the amount identified below to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.

☐ I hereby **revoke** the deduction from my earnings in the amount listed below for the benefit identified above.

Company/Plan Name _____ Effective Pay Period _____

WIU ID# _____ Pay Date _____

Employee Name _____
(Print or Type) (Last) (First) (Middle)

Employee Signature_____ Deduction amount per pay period $_____

HR Benefits Office, Sherman Hall 105, (309) 298-1971