MEMBERSHIP APPLICATION

Membership Category: ☐ Family Membership ☐ Senior Membership

Primary Adult Member

First Name		MI	Last Name		Date
Gender	DOB	Marital Status		Race (Optional)	
Mailing Address		City	State	Zip	
Home Phone	Cell Phone	E-mail			
Emergency Contact	Relationship	Home Phone	Cell Phone		

Additional Adult Member

First Name		MI	Last Name		Date
Gender	DOB	Marital Status		Race (Optional)	
Home Phone	Cell Phone	E-mail			

Additional Household Member

First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth

Liability & Membership Waiver

Use of the LQOC facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. LQOC is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury , illness, or other conditions arising out of or related to the member's activities on LQOC premises and releases LQOC, it's Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes. Members and /or services of LQOC for any form of compensation.

I am an adult over 18 years old of age and wish to participate in LQOC membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of LQOC for any purpose, including , but not limited to observation or use of facilities or equipment ,or participation in any off-site program affiliated with LQOC, 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 inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in LQOC activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities , I understand and expressly acknowledge that I, for myself ,or anyone entitled to act on my behalf, waive and release LQOC, sponsors, representatives ,and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by LQOC. I further agree to indemnify and save harmless LQOC, its staff director's members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that LQOC is not responsible for personal property lost, damaged or stolen while members and /or program participants are using LQOC facilities, on LQOC premises, or involved in LQOC programs. I give my permission to LQOC to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promotion or interpreting LQOC Membership.

Signature

I have read and agree to the Liability & Membership Waiver and certify that all information provided in this application is accurate and complete

Member Signature: _____ **Date:** _____