

WATER PARK VISITOR REGISTRY



Massad Family YMCA
(540)371-9622
www.family-ymca.org

MR. Ms. Mrs. Miss

Primary First Name _____ Last Name _____

DOB _____ Gender _____ Best Contact Phone _____

Address _____ City _____ State _____ Zip _____

Number of guests visiting today: _____ Total Charges Payable to the YMCA: _____

Guest Name _____ DOB _____ Part of your family? Y or N

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Guest Name _____ DOB _____ Part of your family? Y or N

Guest Policy

Guests must observe all member privileges and restrictions, including age minimums, height requirements, and all safety and quality control policies.

Refunds for weather are not given.

The YMCA has the right to dismiss patrons from the Water Park for any policy infraction, and refunds will not be given.

Guest Agreement & Waiver of Liability

In consideration of my being allowed to access the Massad Family YMCA Water Park (the "facility") and related equipment, machinery and amenities of the facility, and intending to be legally bound, I hereby agree:

1. To follow all policies, rules and regulations of the facility, recognizing that violation thereof will, at the sole discretion of the officials of the facility, constitute grounds for immediate expulsion from the facility and revocation of the privileges afforded to me to access and to utilize the facility, and
2. To waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions and claims that I or my heirs, executors, or assigns may have against the Rappahannock Area YMCA, as well as its respective officers, directors, trustees, agents, employees, volunteers, representatives, successors, assigns and affiliates for death, injury, loss and any and all damages that may be sustained and/or suffered in connection with being allowed to access and utilize the facility. I also agree to indemnify the Rappahannock Area YMCA for any defense, cost, or expense arising from my access and utilization of the facility. I am physically fit, legally competent and freely access and utilize the facility at my own risk.

Signature: _____ Date: _____