



Winona Family YMCA Change Form

Updated
08/2023

Name (first, mi, last) _____ **Date** ____/____/____

Address (include city, state) _____

Phone number (____) _____ **Email** _____

Change in Membership

Old Membership Type _____ New Membership Type _____

Add	Drop	First name	Last Name	Birthday	Gender

Change in Add-Ons/Services

<u>Locker</u>	Add	Drop	Locker # _____	<u>24-Hour Access</u>	Add	Drop
<u>Towel</u>	Add	Drop		<u>Coffee Service</u>	Add	Drop

Change in Billing information

I (we) hereby authorize the Winona Family YMCA to initiate debits to the Bank/Account selected below to debit the amounts thereof to my account. If a draft is not honored by my bank for any reason, a service charge of \$7.50 will be applied to any returned collection. If payment is not received by the end of the month my membership will be terminated. This authority is to remain in full force and effect until the Winona Family YMCA receives written notice of modification **on the 20th** prior to draft date. Monthly dues and paid in full memberships are non-refundable. Please call 507-454-1520 or stop by to provide billing information.

I will be paying: ☐ Monthly ☐ Year in full

* Check payment is subject to a \$2.00 processing & handling fee.

Payment Method: ☐ Credit/Debit Card ending in _____ ☐ Bank Draft

Acceptance

I accept all provisions of membership set forth above and hereby agree to all changes made above. I understand information given to my Y is the property of the YMCA and is kept as confidential information by the Y and its representatives.

Signature _____ **Date** ____/____/____

Submit form by email to info@winonaymca.org or drop at the front desk.



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Liability and Indemnity waiver

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the Winona Family YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Winona Family YMCA, the undersigned, for himself or herself and such participating children 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 Winona Family 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 by the undersigned and such children. The undersigned is aware of the different types of activities, equipment, and any facility offered by the Winona Family YMCA, and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE WINONA FAMILY YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE WINONA FAMILY YMCA. THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Winona Family YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Winona Family YMCA.
2. 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 or such children in, upon, or about the Winona Family YMCA premises, or in any way observing or using any facilities or equipment of the Winona Family YMCA or participating in any program affiliated with the Winona Family 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 to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the Winona Family YMCA and/or while using the premises, any facilities, or equipment thereon or participating in any program affiliated with the Winona Family YMCA.
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota, 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 Release of Liability, I agree to all terms of this release and hereby sign it freely and voluntarily.

Member's Signature _____ Date _____

Staff Only-----

Member ID _____

Date Received _____

Initials _____

Payment Type: Bank Draft Credit Card Check ID Verified

Old Draft Amount: _____ New Draft Amount: _____ 1st Next Draft Date: _____

Financial Aid Renewal: Member Discount % _____ Program Discount % _____ Valid Until: _____

Notes: _____

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