



Winona Family YMCA Change Form

Name (first, middle, last) _____ **Date** ____/____/____
Address (include city, state, zip) _____
Phone number (_____) _____ **Date of birth** ____/____/____
Email _____

Change in Membership (if applicable)

Membership type	Old membership	New membership
Youth (17 or younger) - \$17/mo	<input type="checkbox"/>	<input type="checkbox"/>
Young Adult (18-25 years) - \$41/mo	<input type="checkbox"/>	<input type="checkbox"/>
Adult (26-61 years) - \$55/mo	<input type="checkbox"/>	<input type="checkbox"/>
One Adult Family dependents 23 & under - \$ 64/mo	<input type="checkbox"/>	<input type="checkbox"/>
Two Adult Family dependents 23 & under - \$90/mo	<input type="checkbox"/>	<input type="checkbox"/>
Older Adult (62 and wiser) - \$47/mo	<input type="checkbox"/>	<input type="checkbox"/>

Check this box if you are keeping your current membership type and accepting financial assistance

Check this box if you are changing to a Corporate Membership Employer: _____

Check this box if you are changing to an Insurance-based membership Program: _____

Add	Drop	First Name	Last Name	Birthdate	Gender
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Change in Add-On Services (if applicable)

Service	Add for me	Add for unit or other individual (include name)	Drop for me	Drop for unit or other individual (include name)
Locker - \$10/mo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels - \$12/mo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24/7 - \$10/mo/person, \$20/mo/unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee - \$6/mo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Change in Billing Information (if applicable)

Please call 507-454-1520 or stop by to provide billing information. If a draft is not honored by your bank, a service charge of \$7.50 will be applied to any returned collection. If payment is not received by the end of the month the membership will be terminated. This authority remains in full force and effect until the Winona Family YMCA receives a **Cancellation Form by the 20th of the month prior to draft date.** Membership fees are non-refundable.

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** ____/____/____

Liability & 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 facilities 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 HEREBY 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 "releasees") 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 releasees 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 or any facilities or equipment thereon or participating in any program affiliated with the Winona Family YMCA. **4.** THE UNDERSIGNED HEREBY GIVES PERMISSION for the Winona Family YMCA (local, national and international) to use, without limitation or obligation, photographs, videos, or other media that may include the undersigned's image or voice to promote the YMCA and its programs. 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 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** _____

Member's Signature _____ **Date** _____

Staff use: Updated info in Daxko _____ Member Signed and initialed _____
Member ID _____ Date _____ Staff Initials _____ Double Checked _____
Notes _____

Please email the completed form to info@winonaymca.org or drop at the front desk.