



**YMCA OF HARRISON COUNTY
SILVER SNEAKERS REGISTRATION FORM**

PROGRAM PARTICIPANT INFORMATION

One form to be completed by each Silver Sneakers holder.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____ Date of Birth: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female

Ethnic Origin	Asian/Pacific Islander	Black/African American	Alaska Native	
	Hispanic/Latino	Native American	White	Other

Emergency Contact First and Last Name: _____

Emergency Contact Phone Number: _____

Alternative Emergency Contact First and Last Name: _____

Alternative Emergency Contact Phone Number: _____

How did you hear about this program?:	Facebook	Friend/Family Member
	Newspaper	Program guide
	Website	Other

Printed Name

Signature

Today's Date

Please turn over to page 2.

OFFICE USE ONLY:	Unit #: _____	MS Staff: _____	Date: _____
	Enrolled: _____	Entered 16 Digit ID #: _____	Today's Check-In Completed: _____
	Nat. Sex Offender Reg.: _____	MyCase: _____	
	16 Digit Health Plan ID Card Number: _____		

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA of Harrison County activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Harrison County and its owners, directors, officers, employees, agents, volunteers, participants, sponsors 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 Harrison County 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, 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 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 the 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 participating in this activity, 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 the 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 understand this document and I agree to be bound by its terms.

Signature	Printed Name	Today's Date
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CODE OF CONDUCT

YMCA of Harrison County staff, employees, volunteers, members, participants, and guests are to act appropriately and maturely, behave responsibly and respect others. Our Code of Conduct outlines prohibited action, but is not an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in our programs.

- Use or possession of alcohol, tobacco or illegal chemicals is prohibited on YMCA of Harrison County property or at sponsored programs.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person; and wearing inappropriate, immodest or sexually revealing attire.
- Theft or behavior that results in the destruction or loss of property.
- Loitering within or on the grounds of the YMCA of Harrison County.
- Use of video recorders, cameras or any other visual recording devices in the restrooms or locker rooms or using one of these devices inappropriately.
- Individuals who have been convicted of any crime involving sexual abuse, is or has been a registered sex offender or is presently under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

My signature constitutes that I have had sufficient time to read this entire document and that I agree to uphold the YMCA of Harrison County's Code of Conduct. I understand that any violation of this Code of Conduct may result in suspension or termination of membership, program participation and/or visiting privileges to the YMCA of Harrison County.

Signature	Printed Name	Today's Date
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Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Healthways participating location, any sponsoring organization, Healthways, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Healthways participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number