



SHEBOYGAN FALLS YMCA 24-Hour Access Agreement

Printed Legal Name _____
(as it appears on your government issued picture ID)

DL# _____ Issuing State _____ Date of Birth _____ / _____ / _____

Current Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

To activate the 24-Hour Access on your membership account, please read and initial the following to indicate that you understand and agree to abide by the following Sheboygan Falls YMCA policies. **Please read thoroughly**, as failure to abide by any of the policies may result in loss of YMCA 24-Hour Access privileges, cancellation of YMCA membership and possibly result in criminal prosecution. These policies are non-negotiable and will be strictly enforced.

- I attest that I am a member of the Sheboygan County YMCA aged 19 or older. _____
- I understand a \$15 deposit will be collected upfront for the key fob, and if I cancel 24-hour access, and return the key fob I will get \$15 back. _____
- I understand if my monthly bank draft is returned with non-sufficient funds 3 times, my 24-hour access will be revoked. _____
- I understand that 24-hour Access is a *privilege*. Should I fail to abide by the established guidelines or violate the member code of conduct, my 24-hour access, and potentially my membership, will be revoked without refund, with or without notice. I may also be subject to prosecution if deemed appropriate. _____
- I understand that my 24-hour Access is exclusive to me and that I may not give anyone else access to use it. Each member 19 years and older must activate their own 24-Hour Access privileges in person during staffed hours prior to using Y facilities outside of staffed hours. _____
- I understand that each member must scan their own Key FOB prior to entering the building outside of staffed hours and scan their membership card upon entering. _____
- I further acknowledge that granting access to others, even if they are a member of the Sheboygan County YMCA and known to me, will result in **immediate termination of ALL membership privileges and facility access**, for myself and those that enter with me, for a period of no less than one year. _____
- I understand that 24-Hour Access provides access to the Riverview Center, Gymnasium and adjacent restroom facilities ONLY and that locker rooms, cycling/yoga room, multi-purpose room and lobby (for social gatherings) will be unavailable outside of staffed hours. _____
- For monitoring and security purposes, I understand I will need to scan my 24/7 fob and membership card as requested by staff if I am in the facility before closing and intend to remain when the staff leaves. _____

- I acknowledge that 24-Hour access is to be used for fitness training purposes ONLY. _____
- I understand there may be times when 24-Hour Access may be limited or unavailable such as loss of power, water issues in the building, special events or renovations. I will be notified through the Sheboygan County YMCA Facebook pages, website, email and/or text alert. _____
- I understand the Y has installed a 24-hour video recording system for security purposes and that footage will be reviewed daily to address security concerns and monitor those entering and using the facility. _____
- I understand that this system will not protect me from harm while in or on YMCA premises and will not alert anyone if help is needed. _____
- An emergency phone and an AED are available in the Riverview Center, but I am still encouraged to bring my own cell phone and when possible, workout with a partner that also has 24-Hour Access. _____
- In the event of an emergency I should dial 911 immediately. Local fire, police and EMS will be able to access the facility. _____
- Should I observe anything suspicious, illegal or unsafe, I will contact the proper authorities immediately using the emergency phone located in the Riverview Center or a personal cell phone. _____
- I will report any violation of the member code of conduct to staff by contacting the front desk during staffed hours. _____
- I understand that there will be NO additional snow removal for 24-Hour Access and use of the facility is at my own discretion and risk. _____

YMCA Young Adult, Adult, YMCA Couples and YMCA Family Membership, SilverSneakers®, Silver and Fit, Renew Active, Optum Fitness:

- I acknowledge that I will be charged a non-refundable monthly fee of \$10.00 for individual membership or \$15 per month for Couples/Family Membership for 24-hour access. IF I should lose or break my FOB, a replacement unit will cost an additional \$30 (payable at time of replacement). I also acknowledge that these fees are not covered by insurance. _____

WAIVER OF LIABILITY

Any and all use of YMCA facilities shall be at my own risk. I will not utilize machines unless I know how to properly use the device. The Sheboygan Falls YMCA shall not be liable for any injuries, physical impact, or damages to me, my property, or be subject to any claim arising out of the use of the premises and/or of the machines and equipment made available to me.

By signing below, I acknowledge that I have received a copy of the Sheboygan Falls YMCA's 24-Hour Access Policies and understand that if I decline to follow those policies, that my membership will be terminated. I also understand the YMCA's Zero Tolerance Policy on allowing people who do not have 24-Hour Access into the building after regular business hours.

Signature _____ Date _____

----- Membership Staff Use Only -----

Staff Member _____

- | | |
|---|--|
| <input type="checkbox"/> ID Verification | <input type="checkbox"/> Current Background Check |
| <input type="checkbox"/> Contact information and email updated | <input type="checkbox"/> Collect \$15 Key Fob Deposit |
| <input type="checkbox"/> Activate member's access in CCC | <input type="checkbox"/> Activate & issue Fob for entrance |
| <input type="checkbox"/> Reviewed Access Guidelines and Zero Tolerance Policy | <input type="checkbox"/> 24-Hour Access Tour/FOB Use |
| <input type="checkbox"/> Take new picture (Head and shoulders only, clear, no shadows on face, no hats) | |