



BUCKEYE VALLEY FAMILY YMCA

24-Hour Access Agreement

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

ID Number _____ Issuing State _____ Date of Birth _____ / _____ / _____

Current Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

To active 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 Buckeye Valley Family 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 Buckeye Valley Family YMCA aged 18 or older. _____
- I understand that 24-Hour Access is a *privilege*. Should I fail to abide by the established guidelines or I 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 18 and up must activate their own 24-Hour Access privileges in person during staffed hours prior to using Y facilities outside of those hours. _____
- I understand that each member must swipe their own membership card prior to entering the building outside of staffed hours. _____
- I further acknowledge, that granting access to others, even if they are a member of the Buckeye Valley Family 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 Wellness Center and adjacent restroom facilities ONLY and that locker rooms, fitness studios, gymnasiums and pools will be unavailable outside of staffed hours. _____
- 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 BVFYMCA Facebook pages, app push notifications, 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 who is 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 Wellness Center, but I am still encouraged to bring my own cell phone and when possible, workout with a partner that also has 24 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 Wellness Center or a personal cell phone. _____
- I will report any violation of the member code of conduct to staff by utilizing the QR Code posted in the Wellness Center to access and complete the Staff Notification Form, or 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. _____

SilverSneakers®, Silver and Fit, Renew Active, Optum Fitness, and One Pass Commercial members

- I acknowledge that I will be charged a non-refundable \$60.00 annual fee (\$5/per month) at activation that is not covered by my insurance and will be payable each year on my anniversary date if I wish to retain my access privileges. _____ Initial or N/A

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 training device. The Buckeye Valley Family 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 Buckeye Valley Family 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 into the building after regular business hours.

Signature _____ Date _____

----- Membership Staff Use ONLY -----

Staff Member _____

- | | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ID Verification | <input type="checkbox"/> Activate member’s access in Daxko |
| <input type="checkbox"/> Raptor Check | <input type="checkbox"/> Medium alert added to individual member (not the unit) |
| <input type="checkbox"/> Contact information updated and communication opt-in suggested. | <input type="checkbox"/> Reviewed Safety and Access Guidelines and Zero Tolerance Policy |
| <input type="checkbox"/> Take new picture (Head and shoulders only, clear, no shadows on face.) | <input type="checkbox"/> 24-Hour Access Tour/Scan Card Use |