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 FOR HEALTHY LIVING  
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Scan to complete PA background check or use the web address listed below

## TITUSVILLE YMCA 24 Hour Access Member Application

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

- You must be age 19+ to apply for 24/7 access.
- At no point, regardless of situation or for any reason, can any member under 19 remain in the YMCA after the building has been closed by YMCA Staff.
- You must be a member of the Titusville YMCA-not available for Nationwide Members or guests.
- You must submit a PA background check. SITE: <https://epatch/pa.gov/TandCVolunteer>
- You must pay a one-time \$25 activation fee for the key fob. Replacement for lost fobs \$25.
- We highly recommend that you exercise with another 24/7 member when using our facility outside of staffed hours.
- AEDs are located in the Wellness Center and in the gymnasium. In case of an emergency, use your personal mobile device to call 911. There is also a phone available in the Café.
- Your key fob is your after hours key to the Wellness Center.
- You must scan your Titusville YMCA Membership Card at the desk upon entry.
- Use caution in inclement weather as snow and ice removal may not occur until staffed hours.
- When entering and exiting, please make sure the door closes behind you.
- Do not hold the door for anyone. Everyone must use their own key fob for access so we can track who is in the building at all times. Key fobs may not be shared with anyone. Doing so is a violation of our policy and will result in you permanently losing 24-hour access and a possible termination of your membership.
- The Wellness Center, Free Weight Room, Gymnasium, and Restrooms are the only areas available after hours. Locker rooms and Community Room are not available after staffed hours.
- The facility is under 24 hour video surveillance.
- 24/7 privileges will be revoked for violating YMCA code of conduct or for past due fees.
- Available hours are subject to change.

Why are you interested in 24-hour access? \_\_\_\_\_

I have read the above conditions and understand any violation will result in my 24/7 access being revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE attach your completed PA State background check to this application for approval.*

<p><b>STAFF USE ONLY:</b></p> <p>Application turned in on: _____ Employee Initials: _____</p> <p>Key Card Number: _____ Approved: _____ Denied: _____</p> <p>Administrator Signature: _____</p>
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**TITUSVILLE YMCA 24-HOUR WELLNESS CENTER**  
**ACCESS WAIVER & RELEASE FORM**

Use of the Titusville YMCA Wellness Center outside of staffed hours of operation is for Titusville YMCA **members** only. Members must be at least 19 years of age, have passed a background check, have paid an activation fee, and must use their assigned key fob to gain entrance. Family members on my membership cannot use my 24/7 access, even if I am present. I understand if my key card is used to let anyone in, I will lose my 24/7 access permanently and possibly lose my YMCA membership.

The YMCA will conduct a background check on me using my information provided. The results of the background check are strictly confidential. Under sole discretion of the YMCA, my 24/7 access may not be granted or may be revoked at any time. I understand I will receive e-mail notification when my access is available or revoked.

We **HIGHLY** recommend that you have an adult workout partner who also has been granted 24/7 access to the Titusville YMCA accompany you while using the Titusville YMCA 24/7 facility. You have agreed to pay an activation fee, which will allow you access to the Wellness Center outside of staffed hours of operation. As such, you are aware that there will be no supervision or assistance when using these facilities outside of YMCA staffed hours of operation. You are also aware that if you are injured, become unconscious, suffer a stroke or heart attack or any other medical event, that there will likely be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should you require immediate assistance, none will be provided.

Because physical exercise can be strenuous and subject to risk of serious injury, the Titusville YMCA urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity or use any Titusville YMCA amenity on the premises, you do so entirely at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. The Titusville YMCA is also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) your slipping and /or falling while on the Titusville YMCA premises, including adjacent sidewalks and parking areas.

Snow and ice removal will not be enforced until staffed hours of operation. Members with 24-hour access can utilize the Wellness Center, but at their own risk from the elements.

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You expressly agree to release and discharge Titusville YMCA and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Titusville YMCA for negligence, personal injury or property damage.

Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force.

I, the undersigned have read, understand and agree to the above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature