# SYJCC Guest Waiver:

**This waiver MUST be filled out by any & all guests of the SYJCC. If the guest is under 18 years of age, a parent or guardian must sign below as well.**

**All guests must be accompanied by a current SYJCC Member.**

***SYJCC Member Name:_____**

I understand that participation in any activity, including the use of recreational and workout facilities, may involve risk of accidental injury despite all safety precautions. The Suffolk Y Jewish Community Center facility including, but not limited to the locker rooms, saunas, steam rooms, whirlpool, weight equipment, cardio equipment, pool, gymnasium, and other sport facilities are used at my/our own risk. I additionally understand that The Suffolk Y Jewish Community Center assumes no responsibility for personal property brought to or left on the premises.

I further give The Suffolk Y Jewish Community Center permission to use photos or visual reproductions of myself or family members in publications, advertising, and brochures and/or on The Suffolk Y Jewish Community Center website.

_____ _____

Guest Signature Date

_____ _____

Print Guest Name Phone Number

_____

Address: Street City State

**This part must be completed by a parent or guardian if the guest is under 18 years of age.**

As parent and/or guardian of the name above, I assume all such risks of injury or illness for my child/children and/or family members who participate in any such activities or use any of the facilities while at The Suffolk Y Jewish Community Center.

_____ _____

Parent/Guardian of Guest Signature Date

_____ _____

Print Parent/Guardian Name Phone Number