

Facility Usage Waiver



**KROC
GREENVILLE**

Type of Pass: _____ Day Pass _____ Kroc Event _____ Birthday Party _____ Other _____

ID Verified _____

Staff _____

LIABILITY WAIVER

I (we) understand that this Facility Usage waiver will be kept on file with The Salvation Army Ray and Joan Kroc Corps Community Center for an extended period of time and therefore may be renewed and utilized for future facility usage activity.

By signing this Facility Usage Waiver, I (we) agree to the following: (1) member and any guests in his/her party will abide by the terms of this Agreement at all times during the period of activity and usage of the facility and will comply with all rules and regulations posted or otherwise communicated to the patron, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the patron's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the patron's facility usage to anyone who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case the patron will not be entitled to a refund of dues, (4) facility usage rights are not transferable, and (5) grant permission for the Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

Notice - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

I understand that the use of facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks. I understand it is up to me to consult with physicians or other medical professionals to ensure I can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

PRIMARY ADULT

FIRST NAME _____ LAST NAME _____ MI _____

PHONE: (H) _____ (C) _____ BIRTHDATE: __/__/__

EMAIL: _____ GENDER: MALE or FEMALE

DRIVER'S LICENSE / STATE ID / PASSPORT / OTHER: ID #: _____ EXP DATE: __/__/__

SPOUSE

FIRST NAME _____ LAST NAME _____ MI _____

PHONE: (H) _____ (C) _____ BIRTHDATE: __/__/__

EMAIL: _____ GENDER: MALE or FEMALE

DRIVER'S LICENSE / STATE ID / PASSPORT / OTHER: ID #: _____ EXP DATE: __/__/__

HOUSEHOLD INFORMATION

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT: NAME _____ PHONE _____ RELATION _____

DEPENDANT CHILDREN (UNDER AGE 18)

NAME: FIRST _____ LAST _____ MI _____ AGE _____ DOB: __/__/__ M or F

NAME: FIRST _____ LAST _____ MI _____ AGE _____ DOB: __/__/__ M or F

NAME: FIRST _____ LAST _____ MI _____ AGE _____ DOB: __/__/__ M or F

NAME: FIRST _____ LAST _____ MI _____ AGE _____ DOB: __/__/__ M or F

I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing.

Signature (Adult, or Parent / Guardian if participant is under 18)

Date

Revised 8/23/17