



FAMILY RELEASE/WAIVER FORM (WITH EMERGENCY CONTACT INFORMATION)

I, or the undersigned parent/guardian of the below named participant who is under the age of 18 years, do hereby release/waive Sēb's Recreation Center, its employees, elected or appointed officials, agents, or representatives from and against any and all liability, claims or demands for bodily injury to the below named participant or for damage to property of the below named participant as well as any expenses, including attorney's fees and court costs and any/all other liabilities of any nature whatsoever which may be incurred by the participant of which may arise from the participant's activities in Sēb's Recreation Center.

I also understand and agree that my photograph may be taken while participating in Sēb's Recreation Center activities and such photographs may be used in publication and promotional purposes. To opt out of photos, **initials** _____.

Date _____

Family Name (please print) _____

Street Address _____

City, State and Zip Code _____

Phone Number (Home) _____ (Cell) _____

Email _____ (to be notified of cancellations and closures only) Initials _____

Or

If you would like to be added to our mailing list to include (calendars, events, new classes etc.). Initials _____

(If last name is different please add last name)

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

Participant's Name _____ DOB _____

(CONTINUED ON BACK)

In order to comply with COVID-19 safe practices, if you show signs and symptoms of being ill, you will not be allowed.

All patrons must comply with the following procedures:

1. Upon entering, your temperature will be checked at the door by a staff member.
2. Wearing a mask is mandatory. (*Masks may be purchased at the center for \$3*). **Initials** _____
3. You must sanitize your hands (sanitizer provided by SRC). (*Gloves optional and may also be purchased for \$1*)
Initials _____
4. Respect social distancing- 6 feet (unless permission is given).
5. You must wipe down ALL equipment after use.
6. Parents/guardians are required to supervise their children and make sure they are aware of and following all safety measures throughout the duration of the visit.
7. For groups, caregivers are required to sanitize and supervise their participants and make sure they are aware of and following all safety measures throughout the duration of the visit.

I acknowledge that I have read and informed my family member(s) about Sēb's Recreation Center's new policies and procedures concerning the safety guidelines for reopening from COVID-19 closure (3/13/2020-5/26/2020). I understand if we fail to abide by the new policies and procedures, Sēb's Recreation Center's staff has the right to refuse service and we will be asked to vacate the facility.

Name of person filling out form (print name) _____

Signature _____

In case of an accident, injury or emergency, it is necessary to know your preference for care. Please list one or two emergency contacts below other than your own.

Emergency Contact Name _____ Phone Number _____

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PLEASE REPORT ANY CHANGES TO SĒB'S RECREATION CENTER TO ENSURE CURRENT CONTACT INFORMATION.