



GROUP 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** _____.

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

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 group 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.

Date: _____

Group/Organization Name: _____

Street Address _____

City, State and Zip Code _____

Organization Phone Number: (Office) _____ (Cell) _____

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

Or

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

(CONTINUED ON BACK)

Manager's Name: _____ Phone Number: _____

Additional Contact Name: _____ Phone Number: _____

Representative Name: (please print) _____ Title: _____

Signature: _____

Please print list all participants, including all caregivers.

Caregiver Name: _____ DOB: _____

Caregiver Name: _____ DOB: _____

Caregiver Name: _____ DOB: _____

Caregiver Name: _____ DOB: _____

Caregiver Name: _____ DOB: _____

Participant Name: _____ DOB: _____

Participant Name: _____ DOB: _____

Participant Name: _____ DOB: _____

Participant Name: _____ DOB: _____

Participant Name: _____ DOB: _____

Participant Name: _____ DOB: _____

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