## Facility Usage Waiver



- acinty	osage vv	31 V C1				, , , , , , , , , , , , , , , , , , ,	CORPS C QUINCY	COMMUNITY ( /, IL	CENTER
TYPE OF PASS: _	DAY PASS K	ROC EVENT	BIR	THDAY P	ARTY	OTHER		ID Verified	
LIABILITY WA	IVER							Staff	
property damage, or expo of injury include, without lir	ing in the use of the facilities ar osure to contagion (including C nitation, scrapes, bruises, cuts, of from the negligence of other p	COVID-19), and I agree and even more seriou	e to assume us injuries, s	e any such ris such as paraly	ks. I understand t	that participation	at The Kroc Cer	nter is risky, and	that risks
the officers, employees an reimburse any reasonable a cause of action, I agree t	he above defined risks, I, for m d agents (collectively the "TSA" attorney's fees and costs that n o do solely in the state of IL, an that I, or my child or ward, can	of the Kroc, in conne hay be incurred by TS d further agree that th	ection with t SA in the de ne substanti	he participati fense of any ive law of Illin	on of myself, my such liability clair ois. I further ackr	child or my ward m, demand, action nowledge that it i	, in the activities n or cause of ac	at the Kroc. I ag tion. In the ever	gree to nt that I file
safety of children and vulne	ote a safe and secure environm erable persons, The Salvation A k of harm to its patrons, staff, or	army Kroc Center rese							
commissioned, unrestricted purposes or commercial or	PUBLISH PHOTOGRAPHS, VIDE d and unlimited license, right, por other advertising or public pur me or photograph to the use or	ermission, and conse poses, said media us	nt to use an age depicti	nd reuse, cop	yright, print, repr	oduce, publish, a	nd republish, for	any and all trac	
signature on this documen registered sex offenders in	that if TSA has actual knowledg t, the Member represents to TS any legal jurisdiction, and that and sex offender status for any fa	A, that Member, nor a furthermore, that the	any of Memb Member, ha	ber's guests, as an affirmati	which may from t ve duty to TSA to	time to time atter o immediately dis	nd the facility are sclose to TSA an	to Member's k y change in Me	nowledge ember's
CODE OF CO	NDUCT & DISCIPLI	NE POLICY							
policies will result in disci	ive life experiences while at the plinary action and/or termination all language, abusive actions, a Kroc Center grounds.	n of usage privileges	. Center pe						
<ul> <li>Children under the age of</li> <li>All visitors, guests, and specified</li> <li>The Fitness Area is reser</li> <li>Appropriate exercise attine</li> <li>Only athletic, non-markine</li> <li>Proper athletic attire requirements</li> </ul>	at use gender-appropriate bath of 12 must be accompanied by a pectators must check-in at the Coved for those ages 16 and oldere is required (workout clothing g shoes are allowed on the Gyruired at all times in the Fitness Corn clothing must be acceptable	n adult (18 years and Control Desk. r, unless participating and closed-toe athlet mnasium floor. Center and Gymnasiun	in a Kroc C tic shoes).						
With the exception of ser	vice animals, pets of any kind a	re not allowed in any	Kroc Cente	er venue.					
PARENT/GUA	RDIAN CONTACT I	NFORMATIO	N						
LAST NAME		FIRST N	IAME			N	/II BIRTH	DATE/_	
ADDRESS							MALE	FEMALE	
CITY		STATE	ZIP		EMAIL				
PHONE - HOME (			(	CELL (	_)				
EMERGENCY CONTACT _			F	PHONE (	)				
HOW DID YOU HEAR ABO	UT US?								
	PLE	ASE LIST ALL DEP	ENDANTS	S INCLUDE	ON THIS W	AIVER.			
1.		DOB	M/F	5.				DOB	M / F
4		DOB	M / F	8				DOB	M / F
regulations posted or othe expense, (3) The Salvation	ge Waiver, I (we) agree to the for rwise communicated, (2) in case Army Kroc Center reserves the rms of the Agreement, in which	e of illness or injury, T right to remove from	he Salvation the facility	n Army Kroc ( any member	Center is authoriz or guest who fail	zed to secure em	nergency medica	al treatment at tl	he guests

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.

Date

Signature (adult or parent / guardian if participant under 18)