

2019 Non Member Minor Guest Privileges Legal Guardian Waiver

Child(ren) to be included in this waiver

1. _____
(Last Name) (First Name) (D.O.B.) (Phone #)

(Address) (City) (State) (Zip)

2. _____
(Last Name) (First Name) (D.O.B.) (Phone #)

(Address) (City) (State) (Zip)

3. _____
(Last Name) (First Name) (D.O.B.) (Phone #)

(Address) (City) (State) (Zip)

4. _____
(Last Name) (First Name) (D.O.B.) (Phone #)

(Address) (City) (State) (Zip)

I, the undersigned, am the parent or legal guardian of the minor child(ren) listed above and hereby make application on behalf of each of my minor child(ren) listed in this application, at the Brecksville Community Center for participation in various activities conducted at this center or sponsored by the City of Brecksville. I acknowledge that I am fully aware of the risks associated with participation by my child(ren) in these activities, including but not limited to use of the swimming pools, field house and fitness area. I, on behalf of by child(ren) do hereby individually and collectively release, indemnify and hold harmless the City of Brecksville, its employees, agents, and licensees from any and all liability whatsoever of every kind, nature and description, whether direct or indirect arising from the participation of my child(ren) in these activities. I agree to abide by all the rules, regulations, and policies governing this facility and further agree to be personally responsible for any minor child(ren) of mine abiding by such rules, regulations and policies. I understand that this waiver is valid until December 31, 2019 or until revoked in writing by myself to the Director of Recreation at the Brecksville Community Center. I understand that the Brecksville Community Center has the right to revoke guest privileges.

Legal Guardian's Signature: _____ Date: _____

<p>Emergency Contact Information</p> <p>Name: _____ Relation: _____</p> <p>Home Phone: _____ Work Phone: _____ Other: _____</p>
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Office Use Only			
Entered in RecTrac _____	By _____	Date _____	Pass No. _____