GUEST INFORMATION

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Date of Birth: _____ Male ____ Female _____

WAIVER AND RELEASE OF LIABILITY

I wish to participate in or otherwise utilize or observe the facilities, services, equipment, programs or activities of the Spring Lake Community Fitness and Aquatic Center ("Center") for any or all purposes. In return, I acknowledge and agree that:

I have had an opportunity to inspect the Center facilities and equipment or immediately upon entering or participating will inspect such facilities and equipment and have accepted the Center's facilities, equipment and programs as being safe and reasonably suited for the purposes intended.

Criminal History: The guest acknowledges, on behalf of themselves and any minor dependents covered by this form, that it is the policy of Spring Lake Community Fitness and Aquatic Center to deny or terminate a guest with respect to any individual convicted of a sexual offense, and that the Spring Lake Community Fitness and Aquatic Center will periodically check its records for sex offense histories.

I release the Spring Lake Public Schools and its Board of Education, together with its/their Board members (both individually and collectively), officers, directors, administrators, employees, agents and volunteers (collectively the "Releasees"), from any and all claims and liability for any loss, damage, illness or injury (up to and including death) which may occur to or be sustained by me during my presence at, participation in, or use of any program, activity, service, equipment, or facility associated with or comprising part of the Center; and I agree not to bring any legal action against any or all of the Releasees with respect to any such claims, liability, loss, damage, illness or injury.
I agree to indemnify and hold harmless any and all of the Releasees, from any claims, liability, loss, damage, illness, injury, legal costs and attorneys fees incurred by any of the Releasees, arising from my activities and presence in, upon or about the Center.

I am aware of the inherent risks of participating, observing or using the facilities and activities of the Center, and I assume full responsibility for any and all of the risks.

I do not know of any physical or mental health condition that would prevent me from, or could get worse by, my participation in or use of the facilities, equipment, programs, activities or services at the Center.

I have read this release, understand it, and freely sign it. I also agree that this release is binding upon my legal representatives or anyone who tries to claim through me.

_____	_____	_____
(Please Print Name)	**Adult Signature**	**Date**

For Minors:

As the parent(s) or natural guardian(s) of the minor named below, I/we give permission for my/our child or ward to utilize or otherwise participate in the Center's activities, programs, equipment and facilities. I/we have read and understand the Waiver and Release of Liability, and, on my/our behalf and on behalf of my/our child or ward, I/we agree to all of the terms and provisions of said Waiver and Release of Liability. I/we specifically agree to indemnify and hold harmless the Releasees with respect to any and all claims that may arise from the named minor child or ward's participation in or use of the Center's activities, programs, equipment or facilities.

Additional Guests/Members:

_____	_____
Name **Date of Birth**	**Name** **Date of Birth**
_____	_____
Name **Date of Birth**	**Name** **Date of Birth**