

KELLOGGSVILLE HIGH SCHOOL WEIGHT ROOM AND INDOOR TRACK



REGISTRATION APPLICATION FORM

PERSONAL INFORMATION

Name:		
Phone: ()		
Address:		
City:	State:	ZIP Code:
Email:	Date:	

EMERGENCY CONTACT INFORMATION

Name		
Relationship:	Phone: ()	
Address:		
City:	State:	ZIP Code:

TERMS & CONDITIONS

Kelloggsville Public Schools strives to promote health and wellness in a safe environment for all visitors and have provided the following guidelines to ensure that the facilities are conducive to the safety and respect of others.

- All Kelloggsville Public School guidelines and policies shall remain in effect at all times.
- After school hours, access to the District's Facilities is restricted only to participants 18 years of age or older.
- Participation is free for residents and/or parents of students currently attending Kelloggsville. All other participants will be charged an annual usage fee as assigned by the District.
- No food or drink is allowed in the fitness areas with the exception of water or sports drinks and must be in a sealed, unbreakable, spill proof container.
- Appropriate covered footwear and a shirt must be worn at all times while in the fitness areas.
- All guests shall respect others and behave in an appropriate manner at all times.
- District issued ID cards must be carried and visible at all times.
- Please do not leave personal belongings unattended. The District shall not be responsible for theft or damage.
- The District has the sole right to change/alter Facility use dates and times based on school sponsored activities and events.
- Administration reserves the right to refuse and reject any registration application.

I have read and agree with all of the above and agree to comply with all Kelloggsville Public School guidelines. I understand that failure to do so shall result in termination of further Facility usage.

Printed Name:	Date:
Signature of Applicant:	

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WAIVER OF LIABILITY AND DISCLAIMER

In consideration for access to the Kelloggsville High School Indoor Track and Weight Room ("the Facilities"), I (for myself, my personal representatives, assigns, heirs, and next of kin) hereby:

1. Acknowledge that physical exercise can be strenuous and can subject me to the risk of serious injury. I am aware of the inherent risks of participating in any physical activity, and I accept those risks. I am not aware of any physical or mental condition that would prevent me from, or could be aggravated by, participating in physical activities within the Facilities. I acknowledge that the Kelloggsville Public Schools (the "District") recommends being evaluated by my own physician prior to participating in any physical activities to ensure that it is safe for me to participate.
2. Understand that the selection of any exercise method or type of equipment for exercise within the Facility shall be my sole responsibility.
3. Assume all responsibility in connection with the use of the Facilities.
4. Indemnify, defend, and hold the District (and its officials, managers, administrators, employees, agents, and representatives) harmless from and against any liability or claim for damages which may be asserted against them by reason for any of my acts or omissions or any accident or casualty occurring in or about the Facilities or by and through use of any equipment in the Facilities.
5. Waiver and release the District (and its officials, managers, administrators, employees, agents and representatives) from any legal claim I might have arising out of or relating to my participation in any of my physical activities or other uses of the Facilities. I understand that this is a full waiver and release that eliminates all legal claims that I might have now or in the future arising out of or relating to my use of the Facilities. This waiver and release is binding on me and anyone who tries to bring a claim through me.
6. Grant the District permission to secure emergency medical treatment for me, if I am injured in the course of my use of the Facilities.
7. Understand and agree to follow all terms and conditions of use of the Facilities as described herein.

The undersigned has read, understands, and voluntarily agrees to this Waiver of Liability. Use of the Facilities is strictly prohibited by any individual who has not provided a signed Waiver of Liability.

Printed Name:	Date:
Signature of Applicant:	

OFFICE USE ONLY

ID Card #:	Date Processed:	Payment Amount:
Name of Processor:	Resident or Non-Resident	Payment Type: