



RENEW DATE: ___/___/___

Excellence in K-12 Public Education

Reed Custer Community Unit School District #255

FIELDHOUSE MEMBERSHIP

NAME: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

OFFICE USE ONLY

MEMBERSHIP TYPE:

- SINGLE ADULT STAFF
- FAMILY STAFF SPOUSE
- COLLEGE STUDENT
- MILITARY SENIOR

DISTRICT:

- IN
- OUT

MEMBERSHIP LENGTH:

- MONTHS
- ANNUALY

START DATE: ___/___/___

PAID BY: CASH: ___ CHECK # _____ AMT. PD. \$ _____ EXP. DATE: ___/___/___

First Name	Last Name	DOB	Age	Card #

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR REED-CUSTER 255U SCHOOL DISTRICT READ CAREFULLY

When checking your 'Membership Type' please note that a "Family" membership is as follows; "Father, Mother (Step Mother or Father) & Children (Step Children) under the age of 18 living at home". This does **not** include **any** other person that may be living in the household. The "Head of Household" statement is the person who manages the finances.

Please read this form carefully and be aware that in signing up and participating in the Reed-Custer School District 255U Fieldhouse programs, you will be waiving and releasing all claims for injuries rising out of these programs that you or the other named participants might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

Supervisor's Int'l's _____ Date: _____

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in these programs against the Reed-Custer School District 255U, any and all other participating or operating governmental units, any and all independent contractors, officers, agents, servants, and employees of the governmental bodies and independent contractors and any and all other persons or entities, of whatever nature, that might be directly or indirectly liable for the injuries that I might obtain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this agreement.

I do hereby fully release and discharge the Reed-Custer School District 255U and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Reed-Custer School District 255U and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participating", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to the use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Participant Signature

Date

****If participant is under the age of 18, the parent or guardian must sign above & complete the information below.**

Parent/Guardian Printed Name

Emergency Contact Number