

Facility Usage Waiver



ID Verified _____
Staff _____

Type Of Pass: (Membership) (Day Pass) (Punch Card) (Birthday) (Child Watch)

Liability Waiver

I understand that participating in the use of the facilities and equipment at Rochester Avon Recreation Authority (RARA) involves risk of bodily injury or property damage and I agree to assume any such risks. I understand that participation at RARA is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death can occur, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child or ward.

With full understanding of the above defined risks, I, for myself and my child or ward, hereby release, hold harmless, and indemnify RARA, and the officers, employees and agents, and volunteers (collectively the "STAFF") of RARA, in connection with the participation of myself, my child or my ward, in the activities at RARA. I agree to reimburse any reasonable attorney's fees and costs that may be incurred by STAFF in the defense of any such liability claim, demand, action or cause of action. In the event that I file a cause of action, I agree to do solely in the state of MI, and further agree that the substantive law of Michigan. I further acknowledge that it is up to me to consult physicians and other professionals to make sure that I, or my child or ward, can safely participate in activities and events at RARA. I have read and agree to follow any additional rules that RARA provides in hand or has visible posted in the facility.

NOTICE - In order to promote a safe and secure environment, RARA has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, RARA reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS - I hereby grant RARA, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

Code of Conduct & Disciplinary Policy

- In order to facilitate positive life experiences while at RARA, mutual respect between members, guests, and staff is required at all times. Failure to observe these policies will result in disciplinary action and/or termination of usage privileges. RARA personnel have the right to refuse service to anyone deemed disruptive or abusive.
- Refrain from the use of foul language, abusive actions, and inappropriate behavior.
- Refrain from smoking on RARA grounds.
- Children 4 and older must use gender-appropriate bathrooms.
- Children under the age of 12 must be accompanied by an adult (18 years and over) during all activities other than day camps.
- All visitors, guests and spectators must check-in at reception.
- Appropriate exercise attire is required (workout clothing and closed-toe athletic shoes).
- Appropriate shoes are required for the multiple surfaces throughout the facility.
- Any logos or messages on clothing must be acceptable in a family setting.
- With the exception of service animals, pets of any kind are not allowed in RARA.

Parent/Guardian Contact Information

LAST NAME _____ FIRST NAME _____ MI _____ BIRTHDATE _____

ADDRESS _____ MALE _____ FEMAL _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PHONE - HOME (_____) _____ CELL (_____) _____

EMERGENCY CONTACT _____ PHONE (_____) _____

HOW DID YOU HEAR ABOUT US? _____

Please List ALL Dependents Included on the Waiver.

- | | |
|--------------------|--------------------|
| 1. DOB _____ M / F | 3. DOB _____ M / F |
| 2. DOB _____ M / F | 4. DOB _____ M / F |
| 5. DOB _____ M / F | 7. DOB _____ M / F |
| 6. DOB _____ M / F | 8. DOB _____ M / F |

By signing this Facility Usage Waiver, I (we) agree to the following: (1) Any guest in his/her party will abide by the items of this agreement at all times and comply with all rules and regulations posted or otherwise communicated, (2) in case of illness or injury, RARA is authorized to secure emergency medical treatment at the guests expense, (3) RARA reserves the right to remove from the facility any member or guest who fails to comply with any posted rules and regulations or otherwise breaches the terms of the Agreement, in which case guest will not be entitled to a refund of fees.

I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assignees of myself and my child or ward. By submitting online or signing below, I certify that I am the legal parent or guardian of the child for whom I am signing.

Signature (Adult, or Parent / Guardian if participant under 18)

Date