

DAY USE AGREEMENT



KROC KERRVILLE

PRIMARY ADULT/GUARDIAN *(Adults must have valid picture ID)*

NAME (FIRST, MI, LAST)		
BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CELL PHONE		
EMAIL		
ADDRESS		
CITY	STATE	ZIP

201 Holdsworth Dr.
830-315-5762
www.kerrvillekroc.org

Filled out by Kroc Center staff:

PRIMARY ADULT ID:

- State ID Driver's License
 Passport Other _____

ID# _____

SECONDARY ADULT ID:

- State ID Driver's License
 Passport

Other _____

ID# _____

STAFF VERIFICATION:

Initials: _____ Date: _____

SECONDARY ADULT/GUARDIAN *(required only if both adults are using the facility)*

NAME (FIRST, MI, LAST)		
BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CELL PHONE		
EMAIL		

YOUTH HOUSEHOLD MEMBERS *(required only if children are using the facility)*

NAME (FIRST, MI, LAST)	BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME (FIRST, MI, LAST)	BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME (FIRST, MI, LAST)	BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME (FIRST, MI, LAST)	BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME (FIRST, MI, LAST)	BIRTHDATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

EMERGENCY CONTACT INFORMATION- *Required and must be filled out by applicant.*

NAME (FIRST, MI, LAST)	
RELATIONSHIP TO APPLICANT	
CELL PHONE	ALTERNATE PHONE

By signing this Day Use Agreement, I (we) agree to the following: (1) any guests in my party will abide by the terms of this agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to member, (2) in case of illness or injury, The Salvation Army is authorized to secure emergency medical treatment at the guest's expense, (3) The Salvation Army reserves the right to remove from the facility or terminate access of any guest who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case guest will not be entitled to a refund of fees and (4) day use rights are not transferable.

LIABILITY WAIVER - I understand that the use of facilities and equipment at the Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks. I understand it is up to me to consult with physicians or other medical professionals to ensure I can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

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

Signature (required) _____ Date _____

Parent/Guardian Signature _____ Date _____