

DAY USE AGREEMENT



KROC KERRVILLE

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

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

ADDITIONAL HOUSEHOLD MEMBERS *(required only if using the facility)*

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

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

NAME (FIRST & LAST) _____	
RELATIONSHIP TO APPLICANT _____	
CELL PHONE _____	ALTERNATE PHONE _____

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 to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors 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.

Member Initials _____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCC. For the safety of all concerned, membership is denied to known registered sex offenders.

Member Initials _____

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center 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.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership.

Member Initials _____

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.

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf.

Member Initials _____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

Signature (required) _____ Date _____

Parent/Guardian Signature _____ Date _____