



GROUP RELEASE/WAIVER FORM (WITH EMERGENCY CONTACT INFORMATION)

I, or the undersigned parent/guardian of the below-named participant who is under the age of 18 years, do hereby release/waive Sēb's Recreation Center, its employees, elected or appointed officials, agents, or representatives from and against any and all liability, claims or demands for bodily injury to the below-named participant or for damage to property of the below-named participant as well as any expenses, including attorney's fees and court costs and any/all other liabilities of any nature whatsoever which may be incurred by the participant of which may arise from the participant's activities in Sēb's Recreation Center.

If the participant is disabled and does not require constant supervision of a parent or caregiver, the maximum time allowed in the center **unattended** is 2 hours. Unaccompanied participants must be picked up 30-minutes before closing time.

I also understand and agree that my photograph may be taken while participating in Sēb's Recreation Center activities, and such photographs may be used for publication and promotional purposes. To opt-out of photos, please **initial here** _____.

To comply with COVID-19 safe practices, **you will not be allowed in if you show signs and symptoms of being ill. All patrons must abide by the following procedures:**

1. Masks are now **optional**.
2. Upon entering, a staff member will check your temperature at the door. **Initials** _____
3. ALL equipment must be wiped down after use.
4. Caregivers must apply hand sanitizer to all participants in the group.
5. Caregivers must supervise their clients and ensure they are aware of and follow all safety measures throughout the visit.

I acknowledge that I have read Sēb's Recreation Center's policies and procedures concerning safety guidelines. I understand if I fail to abide by the policies and procedures, Sēb's Recreation Center's staff has the right to refuse service, and I will be asked to vacate the facility.

Today's Date: _____

Group/Organization Name: _____

Street Address _____

City, State and Zip Code _____

Organization Phone Number: (Office) _____ (Cell) _____

Email _____

Check here if you would like to be notified of center cancellations and closures only _____.

Check here if you would like to be added to our email list to receive newsletters, events flyers, and other center updates _____.

Manager's Name: _____ Phone Number: _____

Additional Contact Name: _____ Phone Number: _____

Representative Name: (please print) _____ Title: _____

Signature: _____

Please print list all participants, including all caregivers.

Caregiver Name: _____ Birthday: _____

Caregiver Name: _____ Birthday: _____

Caregiver Name: _____ Birthday: _____

Caregiver Name: _____ Birthday: _____

Caregiver Name: _____ Birthday: _____

Participant Name: _____ Birthday: _____

Participant Name: _____ Birthday: _____

Participant Name: _____ Birthday: _____

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PLEASE REPORT ANY CHANGES TO SĒB'S RECREATION CENTER TO ENSURE CURRENT CONTACT INFORMATION.