



INDIVIDUAL 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, he/she may remain in the center unaccompanied for up to two (2) hours, provided he/she is able to exit the facility independently. All unaccompanied participants must be picked up or depart no later than thirty (30) minutes prior to closing time.

Please initial here to confirm that you have completed and signed the Photo Release Waiver _____

For the safety of our staff and participants, anyone with a fever or who is showing severe signs or symptoms of illness will not be permitted to enter the facility. All participants must follow the procedures below:

1. A mask is required if you are drooling, sneezing, coughing, or have a runny nose.
2. Temperature checks will be conducted by a staff member upon entry.
3. Hand hygiene is required; hands must be sanitized with hand sanitizer or washed with soap and water.
4. Fitness equipment must be wiped down thoroughly after each use.

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. _____ (initial here)

Today's Date _____

Participant's Date of Birth _____

Participant Name (please print legibly) Last name _____, First Name _____

Street Address _____

City, State and Zip Code _____

Phone Number (Home) _____ (Cell) _____

Email _____

Participant Signature _____

Parent/Guardian Phone Number _____ (if participant is a minor)

Parent/Guardian Printed Name _____ (if participant is a minor or unable to sign)

(Parent/Guardian Signature) _____

In case of an accident, injury, or emergency, it is necessary to know your preference for care. Please list one or two emergency contacts below. If you are a parent/guardian filling this form out for a participant under 18 or unable to sign for themselves, please include an emergency contact other than yourself.

Emergency Contact Name _____ Phone Number _____
Relationship to participant _____

Emergency Contact Name _____ Phone Number _____
Relationship to participant _____

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 _____.

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





Sēb's Recreation Center Photo Release Form

Sēb's Recreation Center (SRC) occasionally takes **photographs and video recordings** to celebrate our community and highlight our programs. These images and recordings may appear on our website, inside the Center, in brochures, and in other marketing or informational materials.

Please review the statement below and indicate your permission.

Client Information

- **Client Name:** _____
- **Organization (if applicable):** _____

Photo & Media Release

I, the undersigned parent/guardian/caregiver, give permission for Sēb's Recreation Center to **photograph and video record** the above-named client and to use these images and recordings for the following purposes:

- SRC website
- Printed brochures and flyers
- Marketing and promotional materials
- Displays and signage inside the Center
- Social media posts managed by SRC

I understand that these images and recordings may be used without compensation and will be handled respectfully to represent the mission and community of Sēb's Recreation Center. I may revoke this permission at any time by submitting a written request.

Please select one:

- **YES, I give permission for photographs and video recordings to be taken and used.**
- **NO, I do NOT give permission for photographs or video recordings to be taken or used.**

Parent/Guardian/Caregiver Information

- **Name:** _____
- **Relationship to Client:** _____
- **Phone Number:** _____
- **Email Address:** _____

Signature: _____ **Date:** _____