

St .Henry Community Center FOB/Guest Access Form

The undersigned hereby request the use of and agrees to pay the charges as marked on this form for the use of the St. Henry Community Center. The undersigned agrees to be personally responsible for his/her proper conduct while using this facility, and to reimburse the Board of Education for any damage. The undersigned further agrees that the St. Henry Board of Education and its employees' shall be held harmless from any action or liability that may occur from any accident or injury resulting from the use of school facilities.

The undersigned is also responsible for any action or liability that may or could result from any accident or injury during the use of the facility by any unauthorized person the undersigned allows into the facility.

To obtain a FOB the undersigned must be:

1. A High School Graduate
2. A resident of the St. Henry School District, St. Henry School employee, or St. Henry Alumni.
3. Pay an initial \$200 fee. Check payable to **"St. Henry Schools"** (This is waived if you contributed \$200 or more during community center fundraising)
4. Pay an annual fee of \$20 on August 1st each year

Guest Membership:

5. Guest passes are granted for an annual fee of \$50 per year (August 1st is year-end).
 - a. "Guest Passes" do not include a FOB. Households with a guest pass can access the building with a member (example—walkers or pickleball players that are not eligible for a regular pass). Checks payable to **"St. Henry Schools"**

Students are prohibited from using the facility unless they are under the direct supervision of their coach or a responsible adult.

There will be a \$10 fee to replace lost FOB's

**I have read the above policy concerning the use of the St. Henry Community Center. I agree to abide by the above policy and accept all responsibility as outlined above.

Name _____ Signature _____

Address _____

Phone Number _____

Office Use Only:

\$200 initial fee _____ Check _____ Cash _____ Exempt

Date issued _____ FOB Number _____

St. Henry Consolidated Local Schools – “Community Center”

“Community Member Release, Acknowledgment of Risk, and Waiver of Liability for use of the St. Henry Community Center”

Please read this form carefully and be aware that your signature indicates that you fully understand that by using the St. Henry Community Center you will be waiving and releasing all claims for injuries you might sustain arising out of the use of the St. Henry Community Center.

Warning of Risk:

Aerobic and other fitness exercises including weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction and medical advice, conditioning, and equipment, pose a substantial risk of injury. Potential injuries include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heart exhaustion or stroke, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. You are responsible for determining if you are physically fit for these activities. It is advisable to consult a physician before undertaking physical exercise program.

Release from Liability:

In consideration of the use of the St. Henry Community Center and equipment, and the recognition of the possible perils of the use of the exercise facilities, I, for myself and my heirs, executors, administrators, legal guardians or representatives, and assigns, do hereby release the St. Henry Consolidated Local School District and its agents (“District”), from any liability for injuries sustained from the use of such facilities and equipment, and waive all claims which I might have against the District arising out of our connected with my use of the St. Henry Community Center.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to assume any and all risk of injury or death.

In the event of an emergency, I authorize the District to secure from any licensed hospital, physicians and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I am aware that this is a release of liability and sign it of my own free will.

Name (printed) _____ Signature: _____

Name (printed) _____ Signature _____

Name (printed) _____ Signature _____

Name (printed) _____ Signature _____

E:mail address: _____ Date: _____

***Every adult in your household that will use the facility needs to sign this form