



Open Gym Registration Form

Participant Name:

Last First Middle

Birth Date: ____/____/____ Age: _____ Gender: M F

Residence:

Parent/Guardian Name (If participant is under 18 years old) _____

Home Address: (Street) _____ (Apt.) _____

(City) _____ (State) _____ (Zip) _____ Email: _____

Home Phone _____ Parent Cell Phone _____ Work Phone _____

Emergency Contact Details:

In the event of an emergency, **and parent or guardian cannot be reached**, please contact:

1. _____ (must be over 18 years of age)

Relationship: _____ Home Phone: _____ Cell Phone: _____

2. _____ (must be over 18 years of age)

Relationship: _____ Home Phone: _____ Cell Phone: _____

Open Gym Participation Permission (If participant is under 18 years old)

My child, _____ is permitted to attend open gym at Booker T. Washington Community Center.

Signature of Parent/Guardian

Date



Policies / Waiver & Release of Liability Form

POLICIES:

1. Participants are obligated to act appropriately at all times.
2. Maintain self-control and be responsible for your actions.
3. Refrain from using foul language.
4. No fighting will be tolerated.
5. Tobacco, vaping, alcohol, and any drugs are prohibited.
6. Injuries or accidents are to be reported immediately to BTW staff.
7. BTW is not responsible for lost or stolen items.
8. Failure to adhere to these policies may result in being removed from open gym.

WAIVER & RELEASE OF LIABILITY:

Every participant must complete the Waiver & Release of Liability Form and give it to Booker T. Washington Community Center before he or she can enter the gymnasium.

READ CAREFULLY. THIS AFFECTS YOUR LEGAL RIGHTS.

In exchange for participation in open gym at Booker T. Washington Community Center, I agree for myself and (if applicable) for the members of my family, heirs, assigns, executors and administrators, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Booker T. Washington Community Center staff and volunteers.
2. I recognize that there are certain and inherent risks associated with the above described activity, and I assume full risk of personal injury, or loss of property, on behalf of myself and (if applicable) my family members, heirs, assigns, executors and administrators. I further release and discharge Booker T. Washington Community Center for injury, loss of damage arising out of my or my family's use or presence upon the facilities of Booker T. Washington Community Center, whether caused by the acts or omissions of myself, my family, or other third parties.
3. I hereby waive the right to any claims of any personal injury or property loss or damage, and I release, save, hold harmless, and indemnify Booker T. Washington Community Center, its employees and volunteers against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise from my or my family's use or presence upon the facilities of Booker T. Washington Community Center.
4. I agree to pay for all damages to the facilities of Booker T. Washington Community Center caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under New York State Law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Name Signature Date

Parent's Name (if participant is under 18 years old) Signature Date