

Day Pass Purchase Agreement



DAY PASS PRICING

ADULT (20+): \$10 | TEEN (12-19): \$7 | YOUTH (3-11): \$5 | 2 & UNDER: FREE

DAY PASS PURCHASER or GUARDIAN

NAME (FIRST, LAST)		BIRTH DATE (MM/DD/YY)	
PHONE	EMAIL	<input type="checkbox"/> Subscribe to our e-newsletter	
ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT	RELATIONSHIP	PHONE	
ID CHECKED (AGE 12+) <input type="checkbox"/> TYPE OF ID CHECKED (I.E. DRIVERS LICENSE, STUDENT ID)			

ADDITIONAL GUESTS

SIGNEE OF THIS FORM MUST BE THE LEGAL PARENT OR GUARDIAN OF ALL MINORS LISTED ON THIS FORM. Parental/guardian consent is required for all minors entering the facility on a Day Pass.

NAME (First, Last)	BIRTH DATE (MM/DD/YY)	ID CHECKED (AGE 12+) <input type="checkbox"/>
EMERGENCY CONTACT	RELATIONSHIP	PHONE
NAME (First, Last)	BIRTH DATE (MM/DD/YY)	ID CHECKED (AGE 12+) <input type="checkbox"/>
EMERGENCY CONTACT	RELATIONSHIP	PHONE
NAME (First, Last)	BIRTH DATE (MM/DD/YY)	ID CHECKED (AGE 12+) <input type="checkbox"/>
EMERGENCY CONTACT	RELATIONSHIP	PHONE
NAME (First, Last)	BIRTH DATE (MM/DD/YY)	ID CHECKED (AGE 12+) <input type="checkbox"/>
EMERGENCY CONTACT	RELATIONSHIP	PHONE
NAME (First, Last)	BIRTH DATE (MM/DD/YY)	ID CHECKED (AGE 12+) <input type="checkbox"/>
EMERGENCY CONTACT	RELATIONSHIP	PHONE

- By signing this form I (we) agree to the following:
- (1) Day Pass users will abide by the terms of this agreement at all times during the period of visit and will comply with all rules and regulations posted or otherwise communicated to facility users.
 - (2) In case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the Day Pass user's expense.
 - (3) The Salvation Army Kroc Center reserves the right to remove from the facility any Day Pass user who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case pass user will not be entitled to refund of dues.
 - (4) Day Pass rights are not transferrable, and
 - (5) grant permission for The Salvation Army Kroc Center to make visual recording of all individuals listed on this form for its responsible use.

LIABILITY WAIVER: I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks for myself and any minors identified on this form. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law. _____ Initial of above "Day Pass Purchaser or Guardian"

PHOTO RELEASE: I hereby give permission for me or any participants listed to be photographed/videotaped with the possibility of being used in The Salvation Army publicity and I give exclusive rights to these photos/videos to The Salvation Army and waive all claims of compensation.

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, guest of any Member or Day Pass user poses an unreasonable risk of harm to its patrons, staff, or visitors. _____ Initial of above "Day Pass Purchaser or Guardian"

SIGNATURE _____ DATE _____
 Parent or Guardian signature is required for everyone 17 years or under.

FOR OFFICE USE ONLY
 RECEIVED BY (Initial/Date):