Please Note:

Douglas County Gym & Fitness Center's

YOUTH/TEEN Drop-In Release Form

A Parent or Guardian MUST be present when submitting Youth/Teen Drop-In Release Form.



Douglas County Community Center

1329 Waterloo Lane Gardnerville, NV 89410 775-782-5500 ext 1

GYM & FITNESS CENTER

YOUTH DROP IN RELEASE FORM

Complete BOTH sides

CONTACT INFORMATION

d's Name:	Date of Birth:		
nt or Guardian:First		rst	Last
ical Address: _	Number & Street	City/State	Zip
ng Address: _	Number & Street	•	
	Number & Street	City/State	Zip
Phone:	Ce	ll Phone:Work	Phone:
Med i			
	itions that may require monitori	ng or special assistance	
ny Medical Cond i		ng or special assistance itness Center Use GUIDELINES	& RULES
Appropriate and No loit Dunkir Do not Use a s	Douglas County Gym & F respectful behavior is required at al ering, foul language, fighting, spitti ng or hanging on basketball rims or bounce any balls off of the walls, expotter when appropriate and do not	itness Center Use GUIDELINES It times within the facility. ng, intimidation, discrimination, vandalism, or nets is NOT allowed. windows or ceilings.	rough housing.
Appropriate and No loit Dunkir Do not Use a s Take c Appropriate and Shirts, Athleti	pouglas County Gym & F respectful behavior is required at al ering, foul language, fighting, spitti ng or hanging on basketball rims or bounce any balls off of the walls, sepotter when appropriate and do not hildren of the opposite sex, who are respectful attire is required at all tin shorts/pants, and socks/shoes must c shoes shall be worn in gymnasium	itness Center Use GUIDELINES It times within the facility. Ing, intimidation, discrimination, vandalism, or an est is NOT allowed. Windows or ceilings. drop weights. over 5 years of age and require assistance, to the within the facility. be worn at all times.	rough housing.

Equipment checkout available to members and paid guests. Lockers are for day use only; locks will be removed at the end of the day at the owner's expense.

- Lost or broken equipment will be the responsibility of the pass holder/paid guest.
- Animals are not allowed in the facility with the exception of approved programs and service animals.
- Drug use is strictly prohibited and alcohol is not permitted without facility approved permits and documentation.
- Use of tobacco products and illegal drugs is prohibited. Any person under the influence of drugs or alcohol will be asked to leave immediately.
- Violation of facility rules or any other form of misconduct will lead to ejection from the facility and possible revocation of Douglas County Community Center usage.
 - Additional rules posted within the facility or directed by staff will be enforced.

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SIGNATURE:				DATE	

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by Douglas County to utilize the above facility, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which any hereafter occurs to me as a result of facility use. This release is intended to discharge in advance the County (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my facility use, even though that liability may arise of negligence or carelessness on the part of the person or entities mentioned above. It is understood that my use of facilities involves an element of risk and danger of accidents and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my death or any injury or property damage that I may sustain while utilizing this facility. I agree to adhere to any and all facility use rules adopted by Douglas County.

SIGNATURE:	DATE	
	*PARENT	TAL CONSENT
I hereby consent that my son/daughter	r behalf. I state that the minor	, participate in the above activity, and I execute the above is physically able to participate in the activity. I hereby agree to indemnify om any loss, liability, damage, cost or expense which they may incur as a
	S IS A RELEASE OF LIABIL	RELEASE SET FORTH ON THIS PAGE AND FULLY UNDERSTAND ITS LITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY
SIGNATURE:		DATE
*In case of emergency and no o	ne can be reached at the	he above address and telephone, please notify:
Name		Phone
	CONSENT TO TR	EATMENT OF MINOR
Recreation and their representatives, agent	s or assignees, when neither t	ile the minor is engaged in an activity supervised by Douglas County Parks & the parents, guardian or designated family physician can be contacted, I under the circumstances by any physician licensed under the Laws of the State
I UNDERSTAND THAT THE DOUGLA INSURANCE ON THIS ACTIVITY AND		REATION DEPARTMENT DOES NOT PROVIDE MEDICAL OF ITS RULES AND POLICIES.
SIGNATURE:		DATE
Family Physician	Phone	Medical Insurance Carrier