



Castle Rock Senior Activity Center 2021 Guest Waiver

Updated 12/17/19

Last Name _____ First Name _____ Nickname _____
Mailing Address _____ Apt or Unit # _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address _____

Communicating with You

We send out emails to our guest occasionally. We will use the email above but you may also provide others.

Do you text on your cell phone? Yes No Do you use Facebook? Yes No Like us on FB.

Emergency Contact

It is important that we have a local contact (family member or friend) in case there is an emergency of some kind.

Contact Name _____ Relationship _____ Email _____
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip code _____

Signature Required

WAIVER AND RELEASE OF LIABILITY: I understand that participating the activities, services, and sports leagues offered by the Castle Rock Senior Activity Center (CRSAC) may have an element of hazard or inherent danger, and further may be an extreme test of a person's physical and mental abilities. I further understand that my participation in the activities, services, and sports leagues can cause serious injury, potential death, and property damage. With a full understanding of the potential risks, I hereby assume the risks of participating in the activities, services, and sports leagues offered by the CRSAC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, and discharge the CRSAC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from CRSAC activities, services, and sports leagues, whether such losses, damages or injuries are a result of negligence of CRSAC, its officers, directors, employees, or volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of CRSAC, its officers, directors, employees, or volunteers. I agree to indemnify and hold harmless CRSAC, its officers, directors, employees, and volunteers from any claims made or liabilities assessed against them as a result of my actions or any action taken by another on my behalf.

In consideration of the rights and privileges granted to me by my involvement with the CRSAC activities, services, and sports leagues, I certify that I have read and understand the above Waiver and Release of Liability and I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in CRSAC activities, services, and sports leagues and such photographs may be used in publications and for promotional purposes and I will not be compensated for the use of my photograph.

Signature of applicant _____ Date ____/____/____

For Office Use Only

Date: _____ Date Entered Into System _____ Entered by _____