



Castle Rock Senior Activity Center 2022 Guest Waiver

Updated
7/14/2022

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, and accepting transportation provided to and from such activities (collectively "Activities") offered by the Castle Rock Senior Activity Center (CRSAC) may have an element of hazard or inherent danger, and further may be an test of a person's physical abilities. I understand that my participation in the Activities could cause serious injury, potential death, or property damage. Understanding the potential risks, I assume the risks of participating in Activities and I waive and release the CRSAC and any of its directors, employees, and volunteers (collectively "agents") for any damages that I may incur from participating or attending the Activities, unless my damages occur as a result of gross negligence or wanton misconduct of CRSAC or its agents. I also agree to indemnify and hold CRSAC and its agents harmless from any claims or liabilities made against them as a result of my actions or any action taken by another on my behalf.

I certify that I have read and understand this Waiver and Release of Liability, I understand I am giving up substantial rights by signing this waiver and release, and my waiver is voluntary. I also agree that my photograph may be taken while participating and such photographs may be used in publications and for promotional purposes, and I will not receive any compensation. As a guest of CRSAC, I will adhere to the "Code of Conduct" as set forth in the Center's Bylaws.

Signature of guest _____ Date ____ / ____ / ____

For Office Use Only

Date: _____ Date Entered Into System _____ Entered by _____