



Castle Rock Senior Activity Center
2024 Guest Waiver

Updated
6-14-2024

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, programs, services, and sports leagues, and accepting transportation provided to and from such 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, the Town of Castle Rock (TOCR), TOCR's elected and appointed officials, officers and any of CRSAC & TOCR's directors, employees, and volunteers acting within the course and scope of their duties for the Center and/or Town. I also agree to indemnify and hold CRSAC and TOCR 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 member 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 _____