



**West Lafayette Wellness Center
Guest Waiver**

Name: _____
Date _____
Card Number _____
Staff Initials _____

Primary Guest

Full Name _____ Birth Date ____/____/____
Home Address _____
City _____ State _____ Zip Code _____
Primary Phone _____ Email Address _____
Emergency Contact _____
Emergency Contact Phone _____

Secondary Adult

Full Name _____ Birth Date ____/____/____
Home Address _____
City _____ State _____ Zip Code _____
Primary Phone _____ Email Address _____
Emergency Contact _____
Emergency Contact Phone _____

Dependents (18 and younger)

Full Name _____ Birth Date ____/____/____
Full Name _____ Birth Date ____/____/____
Full Name _____ Birth Date ____/____/____
Full Name _____ Birth Date ____/____/____
Full Name _____ Birth Date ____/____/____



West Lafayette Wellness Center Guest Waiver

Liability Waiver

Voluntary Use Acknowledgement

The West Lafayette Parks & Recreation Department owns, manages, controls, and otherwise uses various facilities from time to time (the “Facilities”) and sponsors various activities from time to time (the “Activities”). I understand that use of the Facilities and participation in the Activities is available at my discretion, and that I am not compelled in any way to use any Facilities or participate in any Activities. I understand that use of Facilities and participation in Activities involves a degree of risk of injury and even death and that I am voluntarily using the Facilities and participating in the Activities and using equipment and machinery with knowledge of the danger involved.

Release and Indemnification

In consideration of allowing myself or my child to use the Facilities and participate in the Activities, I, for my child, myself and our heirs, representatives and assigns, hereby release and forever discharge, and agree to indemnify and hold harmless, the City of West Lafayette, the West Lafayette Parks & Recreation Department, and their Boards, officers, employees, and representatives and any person or entity acting with them or on their behalf (“Indemnified Parties”), from any and all responsibility or liability (including attorney fees) for injuries, damages or death resulting from or arising out of use of the Facilities or participation in the Activities or use of equipment or machinery in connection with such Activities.

Waiver of Publicity Rights

I understand that the Indemnified Parties may photograph individuals in connection with the Activities. I, for my child, myself and our heirs, representatives and assigns, hereby authorize the Indemnified Parties to use such photographs in promotional materials or otherwise, and hereby release any claims to such images and assign any such rights to the Indemnified Parties.

Authorization

If reserving a Facility or signing up for an Activity for an organization or other group, I represent and warrant to the Indemnified Parties that I am duly authorized to enter into this agreement and that my agreement will be binding to the organization or group using the Facility or participating in the Activities.

I have read the above waiver and hereby accept the policies and procedures of the West Lafayette Parks and Recreation Department.

Signature _____ Date _____

Signature _____ Date _____