

Mason Community Center
6050 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8555



GUEST INFORMATION RELEASE OF ALL CLAIMS

PLEASE PRINT

Last Name First Name Middle Initial Date of Birth

Street Address City/St Zip Code

(____) _____ (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone Emergency Phone

E-mail

Emergency Contact Name Relationship

(____) _____ (____) _____
Phone Number Alternate Phone Number

Release of All Claims and Agreement Not to Sue

As additional consideration of my application and permitting me the opportunity to participate in recreational activities and to utilize the facilities at the Mason Community Center, the undersigned hereby waives, releases, discharges, saves, holds harmless, and indemnifies the City of Mason and the Mason City School District, their employees, volunteers, agents, and independent contractors, from any and all claims of whatever kind, to me, my spouse, or my dependents which may directly or indirectly arise. I hereby agree to accept any and all risk of personal injury, illness, death, or property damage and verify this statement by placing my signature below. Furthermore, by signing below for myself, my dependents, and/or my spouse, I understand this release bars claims by the undersigned's spouse, dependents, heirs, assigns, executors, and administrators.

I understand that photographs and/or videotapes of me and my family members may be taken for use in promoting the City of Mason activities and facilities in future editions of CenterPoint, in a variety of other publications, on display boards throughout the Community Center and for other uses by the City of Mason. I hereby give my permission to use such photographs without compensation to me.

I HEREBY CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGAL CONTRACT AND THAT IT AFFECTS MY LEGAL RIGHTS. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Signature of Applicant Date

Parent/Guardian signature of any dependent under 18 years old Date