

- This form must be completed and returned to the office before participating in any activity at RCC. -

CITY OF MOUNT AIRY/RCC PROGRAM ENROLLMENT

Day Pass/Activity Waiver

Name: _____

Mailing Address: _____

City, State, Zip: _____ City or County Resident
(Circle One)

Date of Birth: _____ Male or Female Age: _____ Employer: _____

Home Phone: _____ Cell Phone Number: _____ Work Number: _____

Parent/Legal Guardian's Name: _____
(If under 18 years of age)

Emergency Contact and Relationship: _____ Phone: _____

Email Address: _____

WAIVER FOR PARTICIPANT

I/We hereby give my/our approval for the named candidate to participate in an activity and any future activities that we/they may be involved in at The City of Mount Airy's Reeves Community Center. I/We assume all risks and hazards incidental to such participation and I/we do hereby waive, release, indemnify and agree to hold harmless Reeves Community Center, the City of Mt. Airy, the organizers, sponsors, supervisors, participants, coaches and persons involved for injuries while using the facilities and transporting our child to and from activities, for any claim arising out of any injury to our child for any cause. City of Mount Airy/Reeves Community Center will not be held responsible for loss of personal property.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Mount Airy Parks and Recreation programs or accessing Mount Airy Parks and Recreation facilities could increase the risk of contracting COVID-19. Mount Airy Parks and Recreation** in no way warrants that COVID-19 infection will not occur through participation in Mount Airy Parks and Recreation programs or accessing Mount Airy Parks and Recreation facilities.

This agreement must be signed and returned before the first scheduled class or activity or your child will not be eligible to participate. Thank you and we look forward to serving you!

Refund Policy: Our refund policy is as follows: 0 - 7 days – 90%, 8 - 14 days – 75%, 15 - 30 days – 50% and no refund after 30 days. No refunds issued for day passes.

*There will be a \$25.00 **Insufficient fund** charge for returned checks.*

I grant permission for myself or my family's name and photograph to be published on any brochures or media material.
Yes _____ No _____

***It is a criminal violation of the City of Mount Airy code of Ordinances for any Registered sex offender to be on or about this recreational facility. Violators are subject to immediate arrest and fines of \$500 per offense. (Chapter 10.5-2).**

PARTICIPANT'S SIGNATURE _____ DATE: _____
(Parent or Legal Guardian must sign if candidate is under 18 years of age.)