

# 2018 Application for 24-Hour Access



NAME \_\_\_\_\_ Phone #: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
(Last) (First)

Membership #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Pass Type \_\_\_\_\_ Email: \_\_\_\_\_

## Participation Waiver and Release Form:

I have purchased an annual membership to the Ernsthausen Community Center (ECC) and am applying for 24-Hour Access to the facility, **absent special event closure**. I am aware that there will be no supervision or assistance and that if I am injured, become unconscious, suffer a stroke or heart attack, that there will likely be no one to respond to my emergency and this facility has no duty to provide assistance for me. Even though the ECC is equipped with surveillance cameras, alert buttons and is monitored by the Norwalk Police Department; it is likely that if I require immediate assistance, none will be provided. As such, I understand that having a workout partner accompany me is recommended while at the Ernsthausen Community Center. Initial: \_\_\_\_\_

I am voluntarily participating in the use of the ECC and assume all risks of injury, illness or death. I also agree that neither the ECC nor the City of Norwalk shall not be held responsible for any loss or damage to personal property. Initial: \_\_\_\_\_

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of, (a) my use of amenities and equipment in the facility, (b) sudden and unforeseen malfunction of any equipment and (c) my slipping or falling while in the facility, including adjacent sidewalks and parking areas. Initial: \_\_\_\_\_

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to release and discharge the ECC, City of Norwalk and all affiliates, employees, agents, representatives, heirs, or assigns, from any and all claims or causes of action. I agree to voluntarily give up or waive any right that I may otherwise have to bring legal action against the ECC or City of Norwalk for negligence, personal injury or property damage. Initial: \_\_\_\_\_

I understand that 24-Hour Access to the ECC is a privilege which can be revoked by the Park & Recreation Superintendent at any time, for any reason, and without warning. I understand that if I allow unauthorized persons into the ECC, the City may pursue legal action against me and my membership may be suspended or terminated, without refund. Initial: \_\_\_\_\_

## Additional

- Please allow up to 48 hours for your access card to be available.
- I understand that my access card shall not be shared.
- I understand that I must be 18 years or older to obtain 24-Hour Access to the ECC.
- 24-Hour Access is limited to patrons with paid and current annual memberships.
- Public areas of the ECC premises are under surveillance and may be shared with the public.
- I understand that 24-Hour Access is for the gymnasium, family locker room, exercise and cardio rooms ONLY.
- I understand that I must bring my own ball to the gymnasium and no competitive or group play is allowed.
- I agree to pay the replacement cost for any unreturned alert buttons.
- I acknowledge and agree that I must scan my card before entering, **EVEN IF** the door is opened by a member ahead of me.
- Legal action will be taken against anyone found destroying City property or committing an otherwise unlawful act.
- Annual family membership subscribers may obtain up to two 24-Hour Access cards. Additional cards may be purchased at a rate of \$20 per. Additional access card purchase is only for valid members on said Family Membership.
- I agree to contact the Norwalk Police Department at 419-663-6780 for any concerns that need immediate attention.
- I understand the land line telephone at the front desk is for 911 calls only.
- The Park & Recreation Superintendent may update or change any part of this policy at any time, without warning.

**Applicant Initials:** \_\_\_\_\_

I agree to adhere to all 24-Hour Access policies written or otherwise posted: \_\_\_\_\_

Signature

Date

## **Office Use Only**

24-Hour Access Card # \_\_\_\_\_ Date of Activation: \_\_\_\_\_ Returned \_\_\_\_\_ Replaced: \_\_\_\_\_ RN: \_\_\_\_\_