



210 North 7th Street, Canton, MO 63435

Canton Community Center Non-Member Release Of All Claims Form

573-288-0550

www.cantoncommunitycenter.com



www.facebook.com/cantonmocommunitycenter

Last Name		First Name		MI
Street Address		City	State	Zip Code
Primary/Cell/Home Phone	Work Phone	E-Mail (email address are not shared/sold)		Date of Class
Emergency Contact	Emergency Phone Number	Please include on the back of this form any members medical conditions or allergies		Relationship

OFFICE USE ONLY		Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check		
Class attended: _____	Card Type: _____	Expiration Date: _____		
Fees Paid: _____	Card or Check Number: _____			
Length of Class: _____	Zip Code of card: _____	CCV: _____		

Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the Canton Community Center for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Canton Community Center, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Canton Community Center for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CANTON COMMUNITY CENTER FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE CANTON COMMUNITY CENTER, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the CANTON COMMUNITY CENTER, its directors, officers, employees, and agents (hereinafter referred to as "releasee's") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the release's or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the CANTON COMMUNITY CENTER, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasee's and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Canton Community Center premises or in any way observing or using any facilities of equipment of the Canton Community Center or participating in any program affiliated with the Canton Community Center whether caused by the negligence of the release's or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of release's or otherwise while in, about, or upon the premises of the Canton Community Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Canton Community Center.

I understand that photographs and/or videos of me and my family members may be taken for use in promoting the Canton Community Center activities and facilities in future editions of any print, online, or other publications used by the Canton Community Center. I hereby give my permission to use such photographs without compensation to me. If I choose to waive this right I must fill out a Photo Suppression Form.

I understand that as a non-member of the Canton Community Center preference will be given to any members that wish to attend the class/program I am wanting to attend and if the class is full I may be asked to leave. I understand that as a non-member I will need to pay a minimum \$5 fee for each class/program attended and after 2 classes/programs within a calendar months time, I will be asked to become a member, and will need to fill out a membership form and pay dues.

Signature (s)

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Non-Member Release of All Claims agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date