

Emergency Contacts

_____	_____	_____-_____-_____	_____-_____-_____	_____-_____-_____
Name	Relationship	Home	Cell	Work
_____	_____	_____-_____-_____	_____-_____-_____	_____-_____-_____
Name	Relationship	Home	Cell	Work
_____	_____	_____-_____-_____	_____-_____-_____	_____-_____-_____
Name	Relationship	Home	Cell	Work

Waiver/Release

In consideration of the Conotton Valley Union Local School District granting me and my above listed family members permission to engage in several different types of recreational activities at the Rocket Center, the undersigned does hereby on behalf of all potential members listed above waive, release, save, and hold harmless and indemnify the Conotton Valley Union Local School District, their Board of Education Members, employees, volunteers, representatives, and all bodies corporate acting for or on their behalf for any and all claims for damages for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the Conotton Valley Union Local School District, their Board of Education members, employees, volunteers, representatives, and all bodies corporate acting for or on their behalf. The undersigned further assumes the risk on behalf of all potential members listed above of all dangerous conditions in and about the Conotton Valley Union Local School District and the Rocket Center property both real and personal and waive all specific notice of the existence of such dangerous conditions, if any.

_____ / ____ / ____
 Print Name Signature

* If under the age of 18 years of age, this form **must** be signed by the parent or guardian of the person applying for membership.

FOR OFFICE USE ONLY

- Proof of Residency - Driver's License/State ID and Current Gas and/or Electric bill
- Proof of Age - Driver's License/State ID/Birth Certificate
- Proof of Military/First Responder - Military ID/DD 214/ Fire, Police or EMT ID
- Driver's License/ID scan of all potential members listed on the application

Payment Type

- Cash Check # _____
- Credit Card--- Visa Discover Mastercard

Expiration Date: ____ / ____ CVC# _____

Total Due: \$ _____ Total Paid: \$ _____

Staff Name _____ Date ____ / ____ / ____