

Waiver for Minors (Ages 12yrs to 17yrs)
Using the Town of Malta's Community Center Gym

Child's Name _____

Birth Date _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

General Facility Policies

No profanity or abusive language.

No smoking, alcoholic beverages, or other drug use

Weapons are prohibited on the property

Sexual or ethnic harassment of patrons and or employees is not allowed.

The Malta Community Center is not responsible for lost or stolen items.

Clean sneakers(gym shoes) must be worn on the gym floor.

No spitting on the gym floor or the walls.

No hanging on basketball rims.

No food, drink, or gum is allowed in the gym.

No rough housing will be allowed.

First offense: Verbal warning from the Malta Community Center Staff.

Second offense: Second verbal warning from Malta Community Center Staff.

Third offense: The guardian of the youth will be contacted: the youth will be asked to leave the facility for the evening. If the youth chooses to return in the future, he/she will need to speak with the Malta Community Staff.

ASSUMPTION OF RISK:

I agree to indemnify and hold harmless the Town of Malta Parks & Recreation Department, The Town of Malta, its employees, personnel, independent contractors and volunteers from any and all liability for injuries or damages which may arise as a result of participating in this activity. I assume all risks and hazards incidental to participation on behalf of myself or my child. I recognize the difficulties and challenges that may be involved in participating in this activity and I or my child are physically and mentally fit to participate and have not been advised otherwise by a physician. I also understand that I am responsible to determine whether it is safe for my child to participate in this program and assume the risk by enrolling my child in the program. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, exposure to nut products or any other harm or loss of nature which may be sustained by me or my child while participating in this activity. I further agree that the Town of Malta Recreation personnel may act in an emergency as best fits the situation in the event my emergency contact cannot be reached. I am aware that the sponsoring organization does not carry medical insurance for participants.

I have read the above assumption of risk and give permission for my child to use the gym:

X _____
Parent/Guardian Signature

Date _____