



Town of Falher Fieldhouse Membership Waiver

FIRST NAME: _____

LAST NAME: _____

MALE FEMALE AGE _____

BIRTHDATE (MM/DD/YR) _____

ADDRESS: _____

CITY: _____

PROV. _____ POSTAL CODE: _____

EMAIL: _____

CELL PHONE: _____

PARENT/GUARDIAN PHONE: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

Type of Membership: Child Youth Senior Adult Family

FIELDHOUSE RULES/POLICIES

- The Falher Regional Complex has the Restriction Exemption Program in place
- Proof of Vaccination is required for members 18 and older
- No food or drinks allowed on the gym floor except water in a sealed container. All food must be contained to the seating areas with tables & chairs.
- Members may have a guest and use the self-registration at the fieldhouse for a small fee
- Keep the play surfaces and eating area clean; please pick up after yourself
- No hanging on rims, nets or goals
- No kicking of balls. No throwing or kicking of balls up at the ceiling, windows or walls
- No hard balls allowed; including baseballs, softballs, lacrosse or field hockey
- No running or bouncing balls in dining area or change rooms
- Proper attire must be worn including clean, non-marking gym sneakers
- Children 15 and under must be accompanied by an immediate family member 16yrs or older
- Protect your personal belongings. Town of Falher is not responsible for lost or stolen property.
- Lockers available at own risk. Lockers are to be cleaned out daily. Combination/Key locks will be cut and removed. Items left overnight will be placed in lost and found.
- If any accident or injury occurs, please notify the Town of Falher 780-837-2247 during regular hours. Call 911 for emergencies
- Please report any unsafe conditions or unruly behavior to the Town of Falher
- Fieldhouse is only available to members from 8:30am – 10:30pm Sunday-Saturday April 1st-September 30th
- Private coaching, paid training or team practices are not permitted without prior written approval from the Town of Falher
- Fighting, horseplay, profanity, loitering, suspicious behavior, vandalism, intentional contamination, theft, bullying, harassment, sexual activity and drug/alcohol is prohibited and **WILL NOT** be tolerated. These behaviors will result in revoking of membership and a potential ban from the facility.
- Users must abide by all Alberta Health guidelines
- The Town of Falher reserves the right to add, change or delete rules or policies at any time.

LIABILITY WAIVER

I understand that use of the facility and equipment at the Falher Fieldhouse may involve risk or bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult a physician and other professionals to make sure that I can safely participate in activities and events at the Falher Fieldhouse.

PARENT/GUARDIAN RELEASE

I, the undersigned, on behalf of myself, my spouse, heirs, assigns, and the member named herein, assume all risks and hazards related to the participant’s participation in any activity conducted at the Falher Fieldhouse. Further, I do hereby release and hold harmless the town of Falher, its elected and appointed officials and employees associated with the Falher Fieldhouse from any and all liability and/or claims resulting from injury, damages, or losses arising out of or in connection with the member’s participation at the Falher Fieldhouse to the fullest extent permitted by law. I hereby assume all risk of injury, damage, and liability, and waive any right of recovery from or to bring suit against the town of Falher, to the fullest extent permitted by law, for any illness, personal injury, death, or other consequence arising out of my own, my spouse, heirs, assigns, and the member named herein voluntary participation in these activities.

By signing this waiver, I agree to comply with the rules and regulations set forth by Town of Falher. The town reserves the right to remove any individual(s) who fails to comply with any rules and regulations set forth in the Falher Fieldhouse and management will determine the length of expulsion from the facility. Refunds will not be issued to any individual(s) asked to leave the facility.

_____ Signature
Print Name

_____ Parent/Guardian Signature
Parent/Guardian Name (If person listed above is under 18yrs)

_____ Witness
Date

For Office Use Only			
Type of Payment: _____	Reference _____	Cash Receipt # _____	
Fob Deposit amount _____	cash or cheque Fob # _____	Cash Receipt # For Fob _____	