



**Release from Liability and Waiver of All Claims
Please complete this entire document**

The following is a legal document. Please read it carefully and acknowledge that by signing and initialing you are giving up the right to sue NJR of Woodbury, Inc. or Peace of Mind Early Education Center, Inc., its administration, agents, employees, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as “the school”).

As a member (or Guest) of the school community, I request authorization and accept FULL responsibility for the use of the gymnasium. I will list the name of all parties (adults and minors), complete the waiver and return it no later than two weeks prior to my event. I understand that at this point I am merely requesting use and have not yet been guaranteed the use of the aforementioned facility.

In consideration of the school, allowing the undersigned to participate in certain endeavors, including, but not limited to, the use of our gymnasium, and all related facilities and equipment, and activities incidental thereto, the undersigned (hereinafter referred to as “Participant”) hereby agrees to the following:

Participant’s Name: _____ Date of Birth (D/M/Y): _____

Date(s) requested for use of the gymnasium: _____

Gymnasium will be used to host (birthday party, basketball practice, open gym, etc.): _____

Initials of parent (if under 18) OR Initials of participant if older than 18 years old.

Initial
Here

I understand that the participation in athletics and recreation involves possible risk personal injury (and death). The use of the equipment, facilities, and premises of the school by persons participating in athletics and recreation activities shall constitute acceptance of that risk regardless of the nature of that injury.

Initial
Here

Footprints Academy nor Peace of Mind Early Education Center (herein known as “the school”), its officers, and employees shall not be liable for any injury, loss, death, damage sustained or suffered by persons participating in athletics or recreation activities on the school campus, whether caused either directly, or indirectly by the negligence or fault of the school, its officers, or employees. This waiver shall be binding upon all heirs and personal representatives.

Initial
Here

I confirm that have read and understand all the terms set out in this document; that I am 18 years of age; and that I am aware this waiver and release is binding upon my heirs and personal representatives.

Initial
Here

I understand I need to give a one week notice to cancel my reservation. If it is less than one week I will be responsible for the full cost of the rental time.

IN WITNESS WHEREOF I have executed this document in the city of Woodbury, Minnesota and I have had sufficient opportunity to read and understand this entire document. My signature and initials (above) verify that I understand it, agree and accept to be bound by its terms.

<p>____day____ day of ____month____, ____year____</p> <p>_____ Signature of parent if under 18 OR PARTICIPANT</p> <p>_____ Print Name if under 18 OR PARTICIPANT</p>	<p><i>Footprints Academy Office Use Only</i></p> <p>_____ Witness (Staff only)</p> <p>_____ Print Name (Staff only)</p>
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Client Information (Participant/Person who assumes responsibility for gym use) Print Clearly

Name: _____ Date of Birth: _____

Address: _____ Phone Number: (____) _____

City: _____ Zip Code: _____

Email address: _____

Contact in case of emergency: _____ Phone Number: (____) _____

Physician's Name: _____ Health Insurance #: _____

List of Participants:

Adults (please list a means of contacting)

Children

How did you hear about rental use of Footprints Academy's gymnasium?

Please ensure that you have filled out all boxes with initials and signatures. THANK YOU!