

New  Renewal  
Application Date: \_\_\_\_\_



## COMMUNITY CENTER MEMBERSHIP APPLICATION

2202 N 20th Street, Omaha, NE 68110  
Phone: (402) 341-4673 x1000 Fax: (402) 342-7688

### MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M F E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

### ETHNICITY *CIRCLE ONE*

American Indian/Alaska Native    African American    Hispanic/Latino    Asian    Caucasian  
Native Hawaiian/Pacific Islander    Two or more: \_\_\_\_\_

### MEDICAL/ALLERGY

Medical conditions/allergies: \_\_\_\_\_

Yes, member has an inhaler or epi-pen.

Medications: \_\_\_\_\_

### EMERGENCY CONTACT *IN ADDITION TO PARENT/LEGAL GUARDIAN(S) BELOW.*

First & Last Name	Relationship to member	Phone

### PARENT/LEGAL GUARDIAN REQUIRED FOR MEMBERS 18 YEARS AND YOUNGER

#### PARENT/GUARDIAN (1)

First & Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than member): \_\_\_\_\_

#### PARENT/GUARDIAN (2) *OPTIONAL*

First & Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than member): \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

In consideration of my use of the facilities and/or exercise equipment provided by The Hope Center for Kids and/or Community Center, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of The Hope Center for Kids or the Community Center. This includes but is not limited to any illness resulting from contagious diseases such as the COVID-19 virus, and bacterial infections that may lead to death or disability; understanding that even the most preventive efforts might not prevent injuries or illnesses.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge The Hope Center for Kids and the Community Center, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold The Hope Center for Kids and the Community Center, harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand that The Hope Center for Kids and the Community Center, does not provide supervision or instruction on the use of the facilities and equipment. I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death. I agree to comply with all rules imposed by The Hope Center for Kids and the Community Center, regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and agree that The Hope Center for Kids and the Community Center, is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I grant permission for The Hope Center for Kids, Community Center and partner organizations to include my child in photographs, videos, printed materials, social media and media stories about The Hope Center for Kids and Community Center. I understand that The Hope Center for Kids and Community Center will use these materials for informational and promotional purposes only and that I have no right to view such materials prior to their use. There will be no monetary compensation for use of my or my child's name, likeness or image. (Foster parents may not grant this permission.)

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Legal Guardian signature required for members 18 years old and younger.**