



Guest Participation Waiver (Please Print)

2-week guest passes are not valid for use of the outdoor pool complex *initial*

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Date of Birth: ____/____/____ Gender: M / F

Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please complete parent information below if Guest Participant is age 17 and under

Parent/Guardian Name: _____ Parent/Guardian Date of Birth: ____/____/____

Parent Phone: _____ Parent Email: _____

Guests will be issued a wristband to be worn at all times in the JCC

- **Guests are permitted five (5) paid visits or one (1) two (2) week guest pass** *initial*
- Paid guest visits are \$10 each (age 18 and over) or \$5 each (age 17 and under)
- Guest(s) must be accompanied by a JCC Member
- JCC Members are limited to bring two (2) guests per family – per visit unless prior written arrangements have been made with JCC Management
- Guest(s) must present photo ID as available and sign this participation waiver. Minors must obtain parent permission.

<For Member Services Processing Only>

Visit date(s) (mo/day/yr): _____

Two Week Guest Pass Dates: _____

Participation Release

I understand that participation in JCC activities and use of any recreational facilities involves a risk of injury despite all safety precautions. I as an individual or as a parent/guardian agree to indemnify and hold the JCC of Central Jersey, its officers/directors/independent contractors, volunteers and employees, regardless of fault, harmless for any and all liability claims, costs or attorney's fees, or for any illness or injury to me, my children, and/or family members occurring during participation in any activities or trips conducted at/by the JCC, and/or during the use of JCC facilities or JCC property and/or from any act or omission of any guest, participant, visitor or other person using the facilities or participating in any activity or event. In the event of an emergency I give permission to the JCC to secure proper medical treatment. I will be responsible for all costs of such treatment and agree to indemnify and reimburse the JCC for any costs extended for such treatment. Any medical or physical conditions that would impair my participation in JCC activities and programs are outlined below. It is my responsibility to update this information with the JCC.

Allergies or Medical/Physical Conditions (e.g., seizures, heart conditions): _____

I agree to abide to the rules and by-laws of the JCC of Central NJ as outlined above.

Guest Signature: _____ Date: _____

If minor, parent/guardian signature: _____ Date: _____