



Non-Member FWCC Entry Waiver

Date: _____ Time: _____ AM PM

Please list the NUMBER of guests, including yourself, for each age group:

Adult (age 18 – 61) _____ × \$10 Tot (age 0 – 2) _____ × \$0

Teen (age 12 – 17) _____ × \$6 Senior (age 62+) _____ × \$6

Youth (age 3 – 11) _____ × \$5 *Caregiver (age 18+) _____ × \$0

**Caregivers are those who provide required supervision for the safety of disabled and/or chronically ill individuals.*

Name:	Signature:	Date of Birth:
_____	_____	_____

Email Address:	Phone:
_____	_____

Please list all additional guests:

Name:	Signature:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature, I hereby acknowledge that there are inherent risks associated with physical activity and I knowingly and voluntarily agree to assume all the risks. By my signature, I hereby release and forever discharge, indemnify, and hold harmless the City, it's officials, officers, employees, volunteers, sponsors, contributors|donors, agents, and their successors and assigns from any and all liability, claims, actions, demands, and losses of whatever kind or nature which may arise through or as a result of participating in physical activity, to or by any and all persons or entities, including without costs and attorney fees, which may arise or may hereafter arise from my acts, errors, or omissions, and surrender any right to seek reimbursement.