



Print Member Name \_\_\_\_\_ Mem# \_\_\_\_\_

Must be 18 yrs. or older

This gives the MJCC permission to bill my card on file for guests brought on

Sat, Sun, Mon (circle one) Date: \_\_\_\_\_, 2018

Guest Name/s and ages of children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member Signature



# Memphis Jewish Community Center

6560 Poplar Avenue | Memphis, TN 38138

P (901) 761-0810 | F (901) 767-4888 | [jccmemphis.org](http://jccmemphis.org)

## Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of the Memphis Jewish Community Center and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Memphis Jewish Community Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability from injuries or damages resulting from my participation (or my children's) in any activities or my (or my children's) use of equipment or machinery and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself (or my children's), including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my (or my children's) participation in any activities of the Memphis Jewish Community Center or the use of any equipment at the Memphis Jewish Community Center. I agree to abide by all JCC policies and procedures as a facility guest.

I further certify that I am the parent or legal guardian of the child(ren) listed on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed. In the event that I do not have the requisite authority to sign this Agreement on behalf of the child(ren) listed, I agree that I shall be solely liable for any and all actions, causes of actions, penalties, claims, costs, services, compensation or the like resulting from this misrepresentation. I agree to be contractually bound by this certification.

Please complete the entire section below and **PLEASE PRINT LEGIBLY:**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### FRONT DESK USE ONLY (PLEASE PRINT)

Guest of: \_\_\_\_\_

MJCC Member #: \_\_\_\_\_

\_\_\_\_\_  
MJCC Staff Person

\_\_\_\_\_  
Date