Quarry Fieldhouse Registration Form

PRE-REGISTRATION:	In Person	7:00 am – 5:30 pm (M-F)
	Via Fax	1-630-759-2288
	Mail	535 Anderson Dr. – Romeoville, IL 60446

Last Name First Name *__Program Name & Session (MANDATORY)__
(Circle sessions on front side)

Address City/State Zip

Home Phone Number Work/Cell Phone Number Emergency Contact & Number

Please list any special needs/medical conditions Email Address (recommended)

Method of Payment:

Amount Paid: $_____

[ ] Personal Check # _____ (Checks payable to Bennett & Brosseau Roofing Inc.) OR [ ] Credit Card

I, the undersigned agree, understand and authorize Quarry Fieldhouse to be charged to my credit card the amount shown above. Furthermore, I understand these charges will appear on my credit card statement under the name of Bennett & Brosseau Roofing, Inc. and I accept full financial responsibility for payment of this order.

Card Type: [ ] Visa [ ] MasterCard Name as it appears on card: _____

Card Number: _____Expiration Date: _____ Verification Code: _____

Signature: _____ Date: _____

Waiver and Release of All Claims
For use of Fieldhouse located at 535 Anderson Drive, Romeoville, Illinois

WARNING OF RISK

Please read this carefully and be aware that by your use of the SZR Properties, LLC ("OWNER") facility located at 535 Anderson Drive, Romeoville, Illinois (the "Fieldhouse") you will be waiving your rights to assert any and all claims, and are assuming all risks and liability, for injuries you, your minor child/ward or your guests might sustain arising out of the use of the Fieldhouse and you are agreeing to indemnify, hold harmless and defend the OWNER from and against any claims arising out of you, your minor child/ward and your guests use of the Fieldhouse.

RISK OF INJURY: "As a permitted user of the Fieldhouse, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I, my minor child/ward or my guests may sustain as a result of participating in any and all activities associated with the use of the Fieldhouse"
WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I, my minor child/ward or my guests have arising out of connected with, or in any way associated with the use of the Fieldhouse"
RELEASE FROM LIABILITY: "I do herby fully release and discharge the OWNER and its officers, agents, and employees from any and all claims from injuries, including death, damage, or loss, and/or property damage which I, my minor child/ward or my guests may have or which may occur on account of use of the Fieldhouse"
INDEMNIFY AND DEFEND: "I further agree to indemnify, hold harmless and defend the OWNER and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me, my minor child/ward or my guest to assume liability for myself, guest and minor child/ward.
IN THE EVENT OF ANY EMERGENCY: I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for myself, guests or minor child/ward and assume liability for the immediate care and agree that I will be responsible for payment of any and all medical services rendered on behalf of myself, my minor child/ward or my guests"

I have read and fully understand and agree to the above stated conditions of use of the Fieldhouse.

_____ _____
Signature of Permitted User Date

If on behalf of a minor child/ward, please state the name and age of the child/ward and your relationship to the minor child/ward:

_____
Name of Minor Child/Ward and Your Relationship to the Minor Child/Ward