

RELEASE AND WAIVER FORM

PHOTO RELEASE- I certify that I am the age of majority, and having the right to contract in my own name and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and to the extent herein set forth. I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my and my minor's names, signature and likenesses, and any portraits, pictures, photographic prints or other representations of me and/or my minors, or in which any may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with names or fictitious names, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my or my minor's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Member Initials _____

LIABILITY WAIVER – I understand that the use of facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

Member Initials _____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders.

Member Initials _____

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership.

Member Initials _____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month.

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf.

Member Initials _____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

- My child may take approved field trips sponsored by The Salvation Army Kroc Center. _____yes _____no
- The Salvation Army Kroc Center may obtain emergency medical treatment for my child if needed. _____yes _____no
- I have been given a copy of and read the MSDH Regulation Summary for Parents. _____yes _____no
- I understand the handbook is online and have read and understand the facility's Parent Handbook. _____yes _____no

MEMBER SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

PRINTED MEMBER NAME



KROC
MS GULF COAST

Summer Camp/ After School Care

575 Division Street
Phone: 228) 207-1218

Biloxi, MS 39530
Fax: (228) 435-1613

After School Care: Ages 4-12 Summer Camp: Ages 5-12 (child must enrolled in Kindergarten)

CHILD'S FULLNAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

Birthdate: ____/____/____ AGE _____ SEX: Male Female

GRADE _____ School: _____

FATHER'S INFORMATION

Father's Name _____

Employer _____

City _____ ST _____

Home Phone _____ Cell Phone _____

Email _____

MOTHER'S INFORMATION

Mother's Name _____

Employer _____

City _____ ST _____

Home Phone _____ Cell Phone _____

Email _____

How did you hear about us? Social Media Print Media Website Friend Other _____

EMERGENCY CONTACTS

Applicant must contain at least 2 Emergency Contact individuals in the event the parent/legal guardian is unavailable

NAME _____ RELATIONSHIP _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CHILD PICK-UP AUTHORIZATION

The persons listed below are empowered by the parents or guardians to pick up and drop off the child named on this application. The Salvation Army will ask for identification from these persons before releasing the child to them. If any person, even if they are listed below, fails to provide satisfactory identification when requested, the child will not be released to them until the parent or guardian is contacted. We require the parent to send a notification in writing to the camp director when someone other than the parent will be picking up the child.

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

Hospital Choice _____

Allergies/Special Instructions _____