



Office Use Only:

Received by _____

Received On _____

Confederated Tribes of Grand Ronde Recreation Program Gym/Fitness Center Waiver

First	Last
Name : _____	
Tribal/Employee ID: _____	
Primary Phone: _____ Other Phone: _____	
Address: _____ City: _____ Zip: _____	
Check all that apply: <input type="checkbox"/> Tribal Member <input type="checkbox"/> CTGR or SMC Staff <input type="checkbox"/> Community Member	
Would you like to be contacted for upcoming events and/or new programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email: _____	
<input type="checkbox"/> Other: _____	
<u>In case of an emergency, please list 2 emergency contacts:</u>	
Emergency Contact: _____	Phone: _____
Emergency Contact: _____	Phone: _____

Are there any medical conditions that you have that we would need to know about in case of an emergency while at CTGR facilities? YES No

If yes, please provide information _____

The persons using the equipment in the gym do so **AT THEIR OWN RISK**. The Confederated Tribes of Grand Ronde shall not be liable for any personal injuries caused from using the equipment in, or about the premises of the gym, or from any activity they participate in at the gym. By signing this waiver and by your use and/or presence on the premises, you expressly agree to assume complete responsibility for any injuries or damage that may occur in on or about the premises of the gym.

I also understand that I will respect the Gymnasium, fitness center and all other facilities, equipment and supplies on all CTGR grounds. I also understand that there is a zero tolerance for alcohol, drugs or being under the influence of any substance on tribal grounds. I understand that not abiding by these rules can result in a temporary or permanent suspension from CTGR facilities. Cigarette smoking is permitted in designated areas.

Signature _____ Date _____