



Versailles-Woodford Co. Parks
 275 Beasley Drive
 Versailles, KY 40383
 Phone: 859-873-5948
 Fax: 859-873-7708

Silver Sneaker Registration Form

_____	_____	_____	_____
Primary Name	Age	Birth Date	Home Phone
_____	_____	_____	_____
Street Address	City	State Zip	Work/Cell Phone
_____	_____		
Silver Sneaker ID#	Email Address		
_____	_____	_____	_____
Emergency Contact	Relationship	Home Phone	Work/Cell Phone

Terms and Conditions of Agreement

Private Use Clause: I understand that the use of my membership or this facility for private financial gain is STRICTLY PROHIBITED. Violators may be subject to forfeiture of their membership and/or loss of user privileges.

Rules & Regulations: I understand and agree that any failure on my part, or on the part of any user listed on my pass, to follow the rules and regulations of the center may result in suspension or revocation of the user's privileges.

Waiver of Liability: I, the undersigned, hereby waive any and all claims that I may have against the Versailles-Woodford County Parks and Recreation Department, Woodford County of the City of Versailles and the agents, employees, directors, board members, magistrates, council members, and officers of these entities for any loss I may suffer arising out of the use of the facilities both inside and outside of the Falling Springs Arts and Recreation Center. I agree to indemnify and hold harmless the above parties from and against any and all liability for damages arising from injuries to my person or damage to my property occasioned by any acts or omissions of the above parties including all expenses, legal or otherwise. I, the undersigned, acknowledge reading the foregoing and fully understand the same. This waiver applies as concerns them and on behalf of minor children who use my facility pass as well.

I, the undersigned, understand and agree to the terms and conditions as stated above.

Primary Pass-holder Signature: _____ Date: _____

Other adult under family plan: _____ Date: _____