

Nisqually Youth and Community Center  
Facility Registration Form and Liability Waiver  
1937 Lashi Street SE Olympia, WA 98513 • (360) 455-5213

Youth 14 years of age or younger must be accompanied by a parent/guardian at all times. Adults and youth 14+ agree to follow and inform all youth under the age of 14 of ALL NYCC policies and procedures.

Prior to facility use all individuals must complete orientation with the Health and Fitness Program.

**Adult**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

**Please check one of the following:**

- Nisqually Tribal Member       Community Member       Tribal Employee  
Enrollment No. \_\_\_\_\_      Other Tribal Affiliation: \_\_\_\_\_

**Child**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Allergies/Medication: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Allergies or Medication: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Allergies or Medication: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Authorization**

In the event of an emergency, NYCC has permission to:

Transport you or your child:  Yes  No

Seek medical treatment for you or your child:  Yes  No

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Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, premises, services, and program of the Nisqually Youth Center (or for my children to so participate) for a purpose, including, but not limited to observation or use of facilities, premises, or equipment, or participation in any off-site program affiliated with the Nisqually Youth Center, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Nisqually Youth Center for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE NISQUALLY YOUTH CENTER FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF PREMISES, FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE NISQUALLY YOUTH CENTER, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HERBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Nisqually Youth Center and all branched thereof; its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in the death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the Nisqually Youth Center.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the release and each of them from any, loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the Nisqually Youth Center premises or in any way observing or using any facilities, premises or equipment of the Nisqually Youth Center or participating in any program affiliated with the Nisqually Youth Center whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY. AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the Nisqually Tribal Law and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue. In full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received By: _____ Date: _____
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