FIELD HOUSE WALKING RULES

ASHLAND
Oredockers

- *Community members: please sign in at the main office into the Raptor Screening System.*
- *<u>Only</u> adults are permitted to use the walking track during the designated walking hours*
- *Clean, non-marking athletic shoes <u>only</u>.*
- *<u>Only</u> water is permitted in the field house—no food or drink.*
- *The use of the courts and equipment is not permitted unless you have an approved reservation*
- *If you would like to access a court for use, you may request to use the facilities on the SDA website under facilities calendar*
- *The use of strollers and running joggers are **not** permitted in the field house*
- *Walking/Running Etiquette: Walkers are to remain on the outermost (outside) lanes of the track, Runners are to remain on the innermost (inside) lanes of the track*
     _____ (initials) I have received, read and understand all safety protocols

I hereby indemnify, defend, and hold harmless the Board of Education of the School District of Ashland and their officers, employees and agents from all of any injuries sustained by reason of liability, for damages because of bodily injury, including death at any time, resulting there from participation and/or physical activity in the School District of Ashland facility.

*I understand that participation at the Oredocker Field House and/or other campus facility **is completely voluntary**. The School District of Ashland is not responsible for injuries or other health problems that may occur while participating in the use of campus facilities or equipment. Each participant is advised to carry his/her own health and accident insurance.*

I have read and agree to the above statement and will follow the Field House Rules. Further, I will not let unauthorized people, including students, into the building without authorized permission. Failure to comply with this agreement will result in the loss of your privileges.

_____   _____

GUEST SIGNATURE   *DATE*

PLEASE PRINT CLEARLY

Guest Full Name: _____

Street Address: _____

*City, State, Zip:*_____

Date of Birth: _____

OFFICE USE:

Raptor Screening Complete: ❏ *Yes*   ❏ *No*   *Staff Completed:*_____

Office Staff: Please affix a copy of the guests Raptor label on this form. Thank you!