

## MILTON ACADEMY Williams Squash Court Use Agreement

## **ELIGIBILITY**

☐ I am a curre	nt Milton Academy Faculty/Staff member.	Name:		
		Department		
	spouse / domestic partner, or	Name:		
☐ child (over the age of 14) of a current Milton Academy Faculty/Staff member.		Faculty/Staff Name:		
		Faculty/Staff Department:		
☐ I am an approved member of the Milton Academy Squash League.		Name:		
		Address:		
Other than the three categories above, no other people are eligible to use the Williams Squash Courts at Milton Academy.		Phone:		
AGREEMENT WITH RULES				
The following are designed to protect the rights of eligible users and to reduce liability:				
Initials:	Eligible participants must have card access to gain access to the Williams Squash Courts(Faculty/Staff to have a Milton Academy photo identification card; spouses, domestic partners, and Friends of Milton are to have some form of photo identification). In addition, all users will wave their key fob in front of the access panel at the door of the Williams Squash Courts to gain access. Eligible participants may not bring non-eligible guests or children to the Williams Squash Courts, will not bring any pets into the Williams Squash Courts.			
Initials:	Eye protection is required.			
Initials:	Any equipment problems must be reported to a member of the athletic department staff.			
The following are designed to maintain clean and hygienic facilities and equipment:				
Initials:	Food or drinks, with the exception of water in plastic containers, are not allowed in the Courts. Glass containers are strictly prohibited.			
Initials:	Only non-marking athletic footwear is allowed. Bare feet, open toed shoes, and dress shoes are not permitted.			
Initials:	Appropriate exercise attire is required, including gym shorts/sweatpants and shirts.			
Initials:	All equipment must be returned to its proper place after use.			
I understand and agree to the above-stated eligibility requirements and rules, and understand and agree that any failure to abide by the rules will result in a loss of privileges.  Signature:				
Print Name:			Date:	
i ilit ivallic.			Date.	



Disclosures and Waive	er if you are Faculty/Staff, Staff spouse or domestic partner, or an approved member of the Milt	on Academy Squash League.		
Initials:	I understand and am aware that strength, flexibility, and aerobic exercise, including use of squash courts, is a potentially hazardous activity, and I am voluntarily using the squash courts with knowledge of the dangers involved. I will exercise within the limits determined by my physician and my knowledge of my own health status. I hereby agree to expressly assume any and all risks of injury.			
Initials:	Inconsideration of being allowed to use the Williams Squash Courts, I do hereby waive, release, and forever release Trustees of Milton Academy, and its officers, trustees, agents and employees from any and all responsibilities or liability for injuries or damages resulting from use of the Williams Squash Courts.			
I understand and a	agree to the above-stated Assumption of Risk and Release.			
Print Name:		Date:		
FOR CAMPUS SAFETY DEPARTMENT USE ONLY				
Signature, Eligibility and Rules:				
Signature, Faculty/Staff	Disclosure and Waiver:			
Approved:				
Key Fob Number Issued:				
	Date:			
NOTES				