



MILTON ACADEMY Williams Squash Court Use Agreement

ELIGIBILITY

<input type="checkbox"/> I am a current Milton Academy Faculty/Staff member.	Name:
	Department
<input type="checkbox"/> I am the <input type="checkbox"/> spouse / domestic partner, or <input type="checkbox"/> child (over the age of 14) of a current Milton Academy Faculty/Staff member.	Name:
	Faculty/Staff Name:
	Faculty/Staff Department:
<input type="checkbox"/> I am an approved member of the Milton Academy Squash League.	Name:
<i>Other than the three categories above, no other people are eligible to use the Williams Squash Courts at Milton Academy.</i>	Address:
	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:
-------------	-------

