Bremer Community Center, Inc. Key Card Usage Form and Release

Name:			
Address:			
Telephone:			
Email:			
Birthdate:			
List all immediat key card:	e family members of yo	our household who are	e authorized to use your
Key Card Policie key card policies I am requesting access to the Brethat the facility is or injury that mighereby release the directors from all as a result of the negligence of the and agents. I agrofficers, directors	s. The Bremer Commuse at any time. a key card so that I and amer Community Centers not staffed at all time of the Bremer Community I liability, costs and dark use of the facility, include Bremer Community (ree to indemnify and here.)	nity Center, Inc., reserting immediate family er, Inc. using the key of s, and that I agree to a family members due to a Center, Inc., its employed but not limited Center, Inc., its officers old the Bremer Comments harmless from any	card system. I understand assume any risk of harm o the use of the facility. I oyees, officers and mily members might incur to claims based on the s, directors, employees
Signature:			Date:
Signature:			Date:
Key card numbe	r:		