MACOMB
◆ TOWNSHIP ◆
PARKS & RECREATION

HOUSEHOLD MAINTENANCE FORM

20699 Macomb Street, Macomb MI 48042

At this time you are required to update/provide your household account information. You may have moved, changed phone numbers or may have additional children in your family. Accurate information must be submitted. If you choose to visit the Recreation Center or participate in a class or program, it is MANDATORY that you renew/provide your household information at this time. Your household account will be inactive (no entry into the Rec Center) until the information below is submitted. Your personal information will remain confidential.

Present a valid Driver's L	icense to verify residency. Staff Only: DL	Staf	Staff Ins	
Address				
Address:				
City:	R'S LICENSE must be presented.)\		Zip:	
	· · ·			
Home Phone: ()		Cell Phone ()		
Email:				
Emergency Contact Inform	ation: Cell Phone ()	Name:		
List EVERYONE in your fa	mily who will be visiting the Recreatio	n Center. (Additional documentation	may be requested - 1040 Tax Fo	orm) .
First Name, Last Name	** PRINT CLEARLY **	Date of Birth	n Male	Female
1.				
2.				
3.				
4.				
5.				
6.				
			l	L
Liability Waiver/Indemnifica		annation Contails unless and assumations on th	a use of accounting content. I have	ah full nalaasaa saad
discharge the Township of Macomb a connection with the above meeting in all claims resulting from injuries, incluthe above meeting in the Macomb To Macomb Township Release Agreer to the following:	ment - In consideration of being permitted to participa	s, including death, damage or loss, which may agree to indemnify and hold harmless and defe d to the general public, which may arise or make in the township activity or use of any facilities.	arise or which may be alleged to ha nd the Twp. of Macomb and its em y be alleged to have arisen out of, s in connection with the activity, the	ave arisen out of, or in ployees from any and or in connection with e undersigned agrees
the undersigned his or her personal whether caused by negligent act or or 2. The undersigned hereby agrees to fees to establish the releasee's right to 3. The undersigned hereby assumes and equipment whether caused by an	waives, discharges and covenants not to sue Macor representatives, assigns, heirs, and next of kin for a mission of the releasees or otherwise while the underso indemnify and hold harmless the releasees from all o indemnify or incurred on appeal) resulting from invofull responsibility for and risk of bodily injury, death by negligent act or omission of releasees or otherwise	ny loss, damage, or claim therefore on accour signed is participating in the Township activity of l liability, claims, demands, causes of action, colvement in this activity whether caused by any or property damage while upon Township prop	nt of injury to the person or proper or using any facility in connection wi harges, expenses, and attorney fe negligent act or omission of the rele perty or participating in the activity	ty of the undersigned ith the activity. es (including attorney easees or otherwise. or using any facilities
and that if any portion thereof be held legal consequences of this agreeme participation in this activity. I further a	nat the foregoing release and waiver, indemnity agreed invalid, notwithstanding, the balance shall continue nt, including that it prevents me from suing the Towacknowledge that no oral representations; statement agreement: I hereby warrant that I am the legal guarditions of the foregoing agreement.	in full legal force and effect. I acknowledge the ship or its employees, agents, or officers if s or inducements have been made. If the par	nat I have read the foregoing and to I am injured or damaged for any ticipants are minors, his or her cus	hat I am aware of the reason as a result of stodial parent or legal
Customer Signature: _	Customer P	rinted Name:	Date:	MACOM TOWNSHI
OFFICE STAFF ONLY	Rec Trac ID # S	taff Name:	Date Received:	