

**KANSAS CITY KANSAS COMMUNITY COLLEGE
TRACK USAGE AGREEMENT & LIABILITY WAIVER**

Participant Name: _____

Card Number (Office Use Only): _____

Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

By signing this agreement and accepting a track access pass, I acknowledge that use of the Kansas City Kansas Community College (KCKCC) track and surrounding facilities involves inherent risks, including but not limited to slips, falls, collisions, weather conditions, and other hazards. I understand that I am using the facility at my own risk and hereby release and hold harmless KCKCC, its Board of Trustees, employees, and agents from any and all liability for injuries, illness, loss, or damage that may occur as a result of my use of the facility.

I certify that I am 18 years of age or older to obtain a track pass. Minors must be accompanied by an adult at all times and may not use the facility independently. I agree to carry my track pass at all times while using the facility and present it upon request. Passes are non-transferable, and lost or damaged passes will be replaced for a \$5 fee. Individuals accessing the track without a valid pass will be asked to leave.

I understand that the soccer field is not included in track access and may not be used unless it has been reserved through an approved rental agreement.

I agree to follow all posted rules, facility guidelines, signage, and staff instructions. I will wear appropriate attire and footwear and will refrain from any activity that could damage the facility or pose a risk to others. KCKCC reserves the right to remove individuals or revoke access privileges for failure to comply with policies or for inappropriate behavior. All track pass holders must abide by facility guidelines posted at the track.

I certify that I understand that KCKCC does not provide medical supervision or assume responsibility for monitoring my health. KCKCC reserves the right to revoke or suspend track access privileges at any time for violation of this agreement or applicable policies.

By signing below, I acknowledge that I have read, understand, and voluntarily agree to all terms outlined in this agreement.

Participant Signature: _____

Date: _____