

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

Name:		
Address:		
Telephone:		
Email:		
Birthdate:		
List all immediate family members	of your housel	nold who are authorized to use your
key card:		
	_	
	_	
Card Policies. The Bremer Community (policies at any time.  I am requesting a key card so that I and the Bremer Community Center, Inc. using the Bremer Community Center, Inc. using the Bremer Community Center.	Center, Inc., rese d my immediat na the kev card	Bremer Community Center, Inc.'s Key erves the right to amend its key card e family members may have access to system. I understand that the facility is y risk of harm or injury that might occur
to me or my family members due to th Community Center, Inc., its employees, damages that I or my family members	e use of the fact officers and dired might incur as ed on the neglic and agents. I agre ectors, employe	ility. I hereby release the Bremer ectors from all liability, costs and a result of the use of the facility, gence of the Bremer Community Center, ee to indemnify and hold the Bremer es, and agents harmless from any
Signature:		Date:
Signature:		Date:
Key card number:		
For Bremer Center Use		
Enrollment Fee Paid via: Check	Cash	Square
Membership Fee: ACH	_ Paid in full:	