



Auburn Parks & Recreation Caregiver Policy

Purpose:

To ensure a safe, respectful, and effective environment for all members and guests, this policy governs caregivers who accompany individuals needing assistance into the facility.

Definition of a Caregiver:

A caregiver is an adult (19+) who accompanies a member due to age, disability, or other special needs and assists with their participation in fitness activities.

Caregiver Policy

1. Supervision & Assistance:

- Caregivers must remain with the member they are assisting at all times.
- Caregivers are not permitted to personally use fitness equipment or participate in programs unless they have an active membership themselves.

2. Identification:

- All caregivers must check in at the front desk, present valid identification, and wear a "Caregiver" badge provided by the front desk.

3. Access Areas:

- Caregivers may access only those areas relevant to the care of the member (e.g., workout area, locker room, pool deck).

4. Conduct:

- Caregivers must follow all facility rules and staff instructions.
- Disruptive, disrespectful, or unsafe behavior will result in removal from the facility and potential revocation of caregiver privileges.

5. Liability:

- Caregivers must sign a waiver acknowledging their responsibilities and releasing the facility from liability related to their presence.

Caregiver Waiver of Liability

Caregiver Information

Full Name: _____

Date of Birth: _____

Phone: _____

Emergency Contact Name & Phone Number: _____

Name of Member Being Assisted: _____

Relationship to Member: _____

Name of Home Health Agency (If Any): _____

Acknowledgment and Assumption of Risk

IMPORTANT INFORMATION

The City of Auburn strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and caregivers must recognize however that there is an inherent risk of injury when choosing to participate in any recreational activities. The City of Auburn continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the City of Auburn does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member/ward for a recreation program/activity should review their own insurance policy for coverage.

Due to the difficulty and high cost of obtaining liability insurance, the City of Auburn requires the execution of the following liability Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that by participating as a caregiver in these program(s) you will be waiving and releasing all claims for injuries, damages, or loss you or your ward might sustain through participation in this/these program(s) listed below.

As a caregiver in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or

loss which I or my ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I do hereby fully waive, release and discharge the City of Auburn, it's officers, agents, servants, representatives, employees and program board members from any and all claims for injuries, damages or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Auburn, its officials, agents, servants, representative, employees and program board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.

Signature of Caregiver: _____

Date: _____

Member/Responsible Party Signature: _____

Date: _____