

**KELLEYS ISLAND GYMNASIUM & EXERCISE EQUIPMENT USE FORM**  
**ACCESS TIME FOR CARD: NON-SCHOOL HOURS/DAYS**

Requirements for holding a valid keyless access card:

\*You must be 18 years of age

And

\*You or your immediate family must presently OWN property on Kelleys Island

or

\*You must be a registered Kelleys Island voter.

**FAILURE TO FOLLOW THESE RULES MAY RESULT IN  
YOUR CARD BEING REVOKED AND ACCESS DENIED**

**GYMNASIUM & EXERCISE RULES**

1. The person to whom the card was issued can only use this card. You are responsible for everyone who enters the school with you and your access card. When you leave, all those who entered with you must also leave at this time. At no time should the facility be occupied without a certified access cardholder present.
2. Kelleys Island School reserves the right to restrict hours that entry is available for public use.
3. All equipment must be picked up after use.
4. Restrooms in the hallway are to be kept clean and orderly.
5. No equipment shall leave the school. Equipment may not be borrowed.
6. No food, drinks(excluding bottled water), or animals are allowed into the school
7. Smoking, alcohol, and swearing are not permitted on school grounds.
8. No doors shall be propped open.
9. Only CLEAN tennis shoes are allowed on the gym floor and exercise area. No flip-flops, sandals, or street shoes are permissible. Shirts must be worn at all times.
10. By signing below you take full responsibility for yourself and guests for the use of the school and its equipment. Kelleys Island School will not be held liable for any injuries or death that may occur during this gymnasium/exercise availability time.
11. Lost or keyless access card replacement will incur a \$10 replacement charge.

**BY SIGNING BELOW, I AGREE TO ALL OF THE ABOVE RULES AND REGULATIONS OF THE KELLEYS ISLAND GYMNASIUM AND EXERCISE EQUIPMENT. I UNDERSTAND THAT IF I FAIL TO FOLLOW ANY OF THESE RULES, IMAY BE DENIED ACCESS TO THESE FACILITIES.**

NAME (PRINT) \_\_\_\_\_ Card Number \_\_\_\_\_  
NAME (SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_  
KELLEYS ISLAND ADDRESS \_\_\_\_\_  
PERMANENT MAILING ADDRESS \_\_\_\_\_  
1st CONTACT PHONE #: \_\_\_\_\_ 2ndCONTACT PHONE #: \_\_\_\_\_

