



Down Under Center Waiver Statement

Child's Name: _____ Date of Birth: _____

Parents' Names: _____

Address: _____

Mother's
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Person to contact in case of emergency if parents cannot be reached:

Name: _____ Phone: _____

Relationship to child: _____

Emergency Room of choice: _____

I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Little Rock Athletic Club. This release includes as well LRAC officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in LRAC programs. On behalf of the participant, I acknowledge the existence of risks in connection with program activities, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation.

I release the LRAC from all claims my child might sustain as a result of participation in this program.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____