SNOWCREEK ATHLETIC CLUB

WAIVER and RELEASE – MINOR / CHILD

I_____parent or legal guardian of minor child assumes legal responsibility for his/her participation in Club Activities. I also agree that the listed minor/child will abide by the "Children's Policies" of the Club as posted throughout the facility.

I declare that I have completed the Club's health questionnaire for the minor/child and declared that he/she is physically able to participate in physical activity. Furthermore, I acknowledge, that the Club has advised me to obtain a physician's clearance in the event the answers on the health questionnaire raise questions as to the advisability of pursing physical participation at the Club.

I agree that all use of the Club's facilities, programs and services that are undertaken by the minor/child will be done at my sole risk and the Club shall not be liable for any injuries, accidents, or death occurring to the minor/child, including those caused by the Club's negligence, arising either directly or indirectly out of participation in, or use of, the Club's facilities, programs and services. I, as a parent or legal guardian for the listed minor/child and on behalf of him/her, his/her parents or legal guardians, their executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue Club, its affiliates, officers, directors, employees, and agents for all such claims, demands, injuries, damages, or causes of action, including those resulting from the Club's negligence, arising either directly or indirectly out of his/her participation in, or use of, the Club's facilities, programs and services.

Name of minor/child_____

Parent, Adult, and/or legal guardian relationship to minor/child_____

_____

Parent, Adult, or Legal Guardian Signature_____

Staff Witness Signature_____

COPY OF YOUTH POLICY WAS GIVEN

Staff initial_____Member initial_____Date_____

OVER>>>>>>>>>>>>

Health Information Form for Minors/Children

I/we, the undersigned parents/legal guardians of the minor/child named_____

Hereby disclose the following health and medical information pertaining to this minor/child for use by the club while said minor/child is under the supervision of the club.

Child's date of birth: _____ Gender_____
(Copy of birth certificate required)
Allergies Yes_____ No_____

If yes, please describe: _____

_____

Physical limitation Yes_____ No_____

If yes, please describe: _____

_____

_____

Special medical conditions/considerations Yes_____ No_____

If yes, please describe: _____

_____

_____

Child's blood type (please circle if known) A B AB O

Physician's name: _____

Physician's address: _____

Physician's contact number: _____

Parent/legal guardian name: _____

Parent/legal guardian address: _____

Parent/legal guardian contact numbers: Cell_____

Home_____

Parent/legal guardian signature: _____

Date document signed: _____ Staff Signature: _____ OVER>>>>>>>>>>>