



**Youth Assumption of Risk and Liability Release Agreement**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Gender: Male or Female Date of Birth: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Child's Allergies: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ am the parent/legal guardian or temporary guardian of \_\_\_\_\_ . I understand that my child's use of Bethany Athletic Club may involve certain potentially dangerous activities, including but not limited to stretching, running, jumping, lifting weights, swimming, strenuous aerobic exercise and other exercises which may result in my child's heart rate to increase substantially during those activities. I acknowledge that the activities are inherently physically demanding.

In consideration of the club permitting my child to use the facilities, or to participate in the activities for myself and on behalf of my child, other heirs, family members, executors, administrators and assigners, I hereby knowingly and willingly assume all risks of physical, emotional and economic harm which may occur as a result of my child's use of Bethany Athletic Club and its facilities and/or participation in any activity. I also release shareholders, employees, instructors, and agents from any losses, costs, expenses, damages, fees, attorney's fees and liability that may result from my child's use of Bethany Athletic Club facilities and/or participation in any activity.

At Bethany Athletic Club, discipline will be fair, consistent, reasonable, and will be based on the understanding of the child's stages of development and emotional needs. Acceptable behavior and respect for the right of others will be expected of children and the staff will help children achieve that goal. Bethany Athletic Club does not use verbal, physical or punitive punishment and we will not accept this kind of behavior from the children.

In the event of an emergency in which my child requires medical attention, Bethany Athletic Club has permission to take or transport my child via ambulance, at my expense, to the nearest medial facility and to authorize such medical treatment as deemed necessary by the



medical staff. I understand that in the event of an emergency, Bethany Athletic Club will attempt to notify me as soon as possible at the telephone number listed above.

This authorizes Bethany Athletic Club staff to give permission to any medical personnel to provide medical care as they deem necessary in the best interest of my child.

**I have read and fully understand the content of this assumption of risk and liability release agreement.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_