



Youth Assumption of Risk and Liability Release Agreement

Child's Last Name: _____ Child's First Name: _____

Child's Gender: Male Female Date of Birth: _____

Guardian's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Alternate Emergency Contact: _____ Phone: _____

I, _____ **am the parent or legal guardian of** _____.
I understand that my child's use of the 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 and activities including cardiovascular exercise which may result in my child's heart rate increasing substantially during these 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 the risk 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 and all losses, costs, expenses, damages, fees, attorney's fees and liability that may result from my child's use of Bethany Athletic Club's facilities and/or participation in any activity.

At Bethany Athletic Club, discipline will be fair, consistent, and reasonable, and will be based on the understanding of the child's stage of development and emotional needs. Acceptable behavior and respect for the rights of others will be expected of children and the staff will help children to 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 medical 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.

Field Trip, Swimming, Media Release and Sunscreen Authorization

I understand that my child may be taken on field trips or excursions by bus or private motor vehicle as well as on neighborhood walking excursions under required supervision.

I understand that my child may participate in swimming or other water activities under required supervision (BAC approved lifeguard).

I understand that my child may be photographed for marketing materials.

I understand that my child may be given non-prescribed medication as indicated on the container such as sunscreen.

Authorized Pick-up Information

At dismissal and/or in case of emergency the following people are authorized to pick up my child:

1. _____ Relation: _____ Phone# _____
2. _____ Relation: _____ Phone# _____
3. _____ Relation: _____ Phone# _____

Food Restrictions/Allergies/Medical Conditions

List all food restrictions, allergies or other health conditions including instructions for providing best possible care in regard to listed conditions.

Camp Aftercare Policy

BAC offers aftercare until 7 pm in our Kid Central daycare. The cost is \$5/hour. All camps end promptly at 4 pm. If children are taken to Kid Central for ANY AMOUNT OF TIME after camp ends at 4 pm, parents will begin being charged for aftercare in 15 minute increments.

I have read and fully understand the content of this assumption of risk and liability release agreement, have filled out the authorization pick up and understand the camp aftercare policy.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Child's Name: _____