



Children's Activity Release of Liability

Child's Name _____

Date of Birth _____

Known allergies or concerns (Please include any current medications):

I am aware that SAC children's activities include certain risks and dangers, including the risk of serious injuries. I voluntarily accept responsibility for all risks involved, including risks inherent in swimming.

I agree to release, hold harmless and indemnify Sisters Athletic Club, the individual members, agents, employees and representatives of, including activity supervisors, from and against any claim which I, any other parent or guardian, sibling, heirs, executors, or any other person, firm or corporation may have or claim to have, known or unknown, for any losses, damages or injuries resulting from any cause including negligence, arising out of or in connection with the above listed child's participation in Sisters Athletic Club activities and/or the rendering of emergency medical procedures or treatment, if any.

If I am signing of behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in Sisters Athletic Club activities.

I am allowing representatives of Sisters Athletic Club to supervise my child. In case of a medical emergency, I understand that every reasonable effort will be made to contact me or the emergency contacts listed below. If I cannot be reached through reasonable efforts, then I hereby give my consent to the physician selected by the staff to secure proper treatment or to hospitalize.

I have read and understand the conditions above.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Emergency Contact Information:

Name: _____

Address: _____

Email: _____

Phone Number: _____

Alternate Number: _____