

The Clubs of Kingwood
ACTIVITY REGISTRATION - MINOR

Participant: _____

Address: _____

City: State: Zip: _____

Parent/Legal Guardian: _____

Phone Numbers: Cell: _____ Home: _____ Work: _____

Emergency Contact: _____ Relationship: _____

Activity: _____ Date: _____

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Assumption of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

Release and Indemnity: In exchange for the Club allowing Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, discharge, waive, relinquish, covenant not to sue, indemnify and hold harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorneys' fees and costs, the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests ("Released Parties") from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence or willful misconduct of any third party, design of the facility and/or equipment, whether arising either directly or indirectly out of participating in an event or activities or from any third party, whether on or off the Club's premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect the Club and Released Parties from the consequences of acts or omission of the Club and Released Parties or any third party (including others who may be participating in the Activity), who may have a claim or cause of action against the Club and Released Parties that arose by, through, or under Participant, in whole or in part.

Property Loss: All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage, or loss or injury to any other third party.

Medical. I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses due to health, accident, or failure to conform to rules and guidelines established by the Club and the person in charge of the Activity. I further agree to release and hold harmless the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests, whether associated with the Activity or not, arising from and extending to any and all liability arising out of or in any way connected with such provision of medical or surgical treatment or transportation provided in the event of an emergency.

Photograph Permission. I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

Severability. Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

Signature of Parent/Legal Guardian: _____ **Date** _____

EMERGENCY/MEDICAL TREATMENT

Full name of Participant: _____

Participant's Date of Birth: _____

Please check below IF your child has allergies or sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

List Required Medications and Dose Amounts: _____

Please check below IF your child has:

Asthma Diabetes Seizure Disorder Heart Condition
 Other Medical Condition _____

List Required Medications and Dose Amounts: _____

Other Medications: _____

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Group/Policy No: _____

Names of people to whom the Participant may be released.

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

I hereby give my permission to have my child taken to the physician, dentist, or hospital for medical treatment if an accident or serious illness occurs.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____