

EPRC Program Participation Waiver

Participant Information

Please print

Child's Name: _____ Age: _____ DOB: _____

Parent's Name: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Is there a physical or medical condition that may limit his/her full participation in this program?

YES NO

If you answered yes, please detail the physical or medical condition. All information will be kept strictly confidential:

*In case of an **emergency** if we cannot reach you, who should we contact?*

Name: _____ Relationship: _____

Contact Phone Number: _____ Secondary Phone Number: _____

Program	Day(s)	Time	Fee	Date Paid

GENERAL RELEASE

For the Participant, Parent or Guardian:

I understand the inherent dangers involved in fitness and aquatic programs that may lead to possible accident, injury or death. I feel confident that my child will be able to understand and follow all safety precautions. I also understand that there will be no refunds given.

The undersigned jointly and severally hereby forever release, discharge, acquit, and forgive Eagle Pointe Recreation Complex, their agent, employees, contractors, and volunteers, from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgment and proceedings both at law and in equity arising from the beginning of time to the date of these presents. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Parent/Guardian Print Name

Parent/Guardian Signature

Date Signed