



**LIABILITY RELEASE WITH PARENTAL CONSENT
FOR MEDICAL/EMERGENCY
TREATMENT AND TRANSPORTATION**

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all Club activities conducted by RidgePointe Country Club (hereinafter "RPCC") DAY CAMP and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of RidgePointe Country Club DAY CAMP to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child.

The undersigned(s) hereby further authorize(s) emergency transportation by either day camp personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the day camp staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

I am aware of the nature of the program (s) for which I am registering my child(ren), and understand that, although unlikely, accidents and injuries may occur as a result of participation in said program(s). Knowing that risk, and in consideration for my child(ren) being permitted to participate, I hereby agree to assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance, RPCC, its officers, employees, and agents from any and all liability for personal injury, death, or property damage which I or my child(ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of RPCC or its employee's conduct or inaction. I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses, and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in this program(s).

Signature of Parent/Guardian Date