

2021 GUEST CHILD CONSENT FORM

The privilege of letting member children bring a 12 to 14 year old guest to the LRRC when they are unaccompanied by an adult is a longstanding tradition at the club. In order for us to continue providing this privilege, we ask that child guests adhere to the following rules. Please review this information with your child and return the signed form to the club.

12 - 14 Year Old Guest Policies

Child guests:

- Must be accompanied by their member host at all times while on club premises.
- May only visit the LRRC twice per week when unaccompanied by a parent/guardian host, regardless of different hosting members. (The club week runs Monday - Sunday.)
- Must check in with their hosts at the Front Desk. Guests are required to wear the color-coded wristband issued at check-in for their entire club stay.
- **Are allowed** in the recreational pool (when a lifeguard is on duty), basketball court and outside picnic areas.

When using the poolside snack bar you must:

- Behave appropriately.
- Treat staff with respect.
- Vacate table when finished eating - no loitering.
- **Are not allowed in the fitness rooms, indoor tennis center, 50-meter pool or LOCKER ROOMS** without adult supervision. Two bathrooms, two showers and the changing room located on the 25 yard pool deck are available for their use.
- **Are not allowed** to play around the tennis courts or indoor tennis center.

Unsafe or inappropriate behavior may result in suspension from using the club for the remainder of the day, the week or possibly the summer.

GUEST CHILD'S INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female
Child's cell number (if applicable) _____
Mother's name: _____ Father's name: _____
Street address: _____ City: _____ State: _____ Zip: _____
Mother's phone: _____ Father's phone: _____

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____
Phone(s): _____ Relationship to child: _____
Doctor's name: _____ Phone number: _____
Emergency room of choice: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

PARICIPANT AGREEMENT

MY SIGNATURE CONVEYS:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I authorize the LRAC to draft the Child Consent fee;
- I understand the Rules and Regulations explained herein and my child agrees to abide by them.

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

Print Child's Name: _____

Child's Signature: _____ Date: _____