



## Lake Country Racquet & Athletic Club Parental Consent Form

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Parent's emergency contact number: \_\_\_\_\_

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege, or service whatsoever, owned and operated by this Club at their own risk and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature printed: \_\_\_\_\_