

**NO ADMITTANCE
TO CHILD CARE**



Waiver of Liability for Minor Children

1. Permission to Grant Children Admittance to Club. I hereby request that Great Lakes Athletic Club allow entrance to their facility under the supervision of the undersigned Designated Member each of the following minor children ("Children") of the undersigned Parent or Legal Guardian:

CHILD'S FULL NAME DOB PARENT/GUARDIAN PHONE ADMISSION DATE

2. Acknowledgement and Assumption of Risk of Injury to Children. I understand and agree that there are risks of significant injury to the Children, whether caused by the Children or someone else, in their use of or presence on Great Lakes Athletic Club's premise. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical, or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my behalf, and on the behalf of each of the minor Children above, I fully understand, voluntarily accept, and specifically assume these risks of injury to the Children.

3. Waiver Liability and Indemnification Agreement. On my behalf, and on behalf of each of the minor Children above, I agree to release and discharge from all liability, and waive all claims, demands and actions against, Great Lakes Athletic Club, and its owners, operators employees, agents, vendors and volunteers (collectively, Great Lakes Athletic Club) for any and all injuries, harms, or damages sustained by any of the Children in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs, or activities within or outside its centers, resulting or arising from the negligent acts or omissions of the Great Lakes Athletic Club, or the negligent acts or omissions of me, any of the Children, other members, guests, visitors, or other persons on anyone against Great Lakes Athletic Club related to such injuries, harms, or damages.

4. Designated Member responsible for Supervision, Medical Decisions while on premise. If I am the Delegated Member, I agree that I will supervise the Children in accordance with Great Lakes Athletic Club's policies and will be responsible for their conduct at all times while on the premise. In the event the Children are involved in an accident or incident that requires medical attention, I agree that the Designated Member will be responsible for making all decisions related to medical and survival procedures for the Children, including but not limited decisions about medical care, administration of drugs, the performance of life-sustaining procedures, and transportation and admission to any hospital, health center or medical clinic.

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.

Print Name of Designated Member Signature of Designated Member Date Member #

Print Name of Parent or Guardian Signature of Parent of Guardian Date

Print Name of Great Lakes Athletic Club