



# The Denver Athletic Club

## School Age Camp Program

### Liability Waiver Form

Member Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Please Print)

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

#### Initial

I recognize that participation in The DAC's School Age Camp Program, even when well supervised and managed, poses a risk of injury or illness to participants, and I agree to assume such risk.

I hereby indemnify and hold harmless, and unconditionally release and forever discharge The DAC, its agents, employees, or program instructors from all liability for any claims, demands, injuries, including death, or damages, whatsoever to me, my child, or my property arising out of or connected with such participation or use of any of the services, activities, facilities, or equipment of The DAC or the premises where same are located.

I understand that The DAC's School Age Camp Program is designed and licensed for children 5 to 12 years old. Children that aren't within this age group will not be allowed to participate in the program.

I agree that prior to allowing my child to participate in The DAC's School Age Camp Program I will notify The DAC Camp Counselors and Center Director of any medical conditions that may put my child at greater risk of injury or death during or as a result of my participation in The DAC's Programs.

I assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.

In the case of an injury, accident or illness, I authorize The DAC, its program instructor or employees, or medical/first aid personnel, to render first aid and obtain whatever medical treatment is deemed necessary for my child's welfare. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital. I further understand and agree that I will be fully responsible for any and all charges and fees incurred in the rendering of said treatment or transport, regardless of whether my medical insurance would cover such charges and fees.

All participants must complete this form. Participants under the age of 18 must have their parent or guardian's signature.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date