



REGISTRATION 2025 (June 17-19) (K-12th Grade)

Name of Child: _____ Gender: _____ D.O.B: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent (s)/ Guardian Name: _____

Cell Phone 1: _____ Cell phone 2: _____

Parent (s)/ Guardian Address (if different): _____

Emergency Contact: _____ Phone Number: _____

Known Medical Conditions & Allergies: _____

Any additional info we need to know about your child: _____

PERMISSION REQUEST

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Rhea County Community Center its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my child's presence or involvement at the facility. This waiver and release is intended to and does release Rc3 from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and 's negligence. This is not intended to release Rc3 from any liability resulting from their intentional conduct. I further covenant and agree not to institute any claims or legal action against Rc3 for any claim released by this Agreement. I further agree that should any claim be made Rc3 in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) Rc3 for any such claim and expenses including attorney's fees and costs incurred Rc3 in defending themselves or security indemnity hereunder.

2. I understand that Rc3 is not responsible for any lost, stolen, or damaged valuables or property.

3. I hereby grant to Rc3 the unrestricted right to use and publish photographic images of my child, or in which he/she may be included, for marketing materials, Rc3 websites or Rc3 social networks, editorial trade advertising, and any other lawful purpose related to the Rc3 .

I hereby release the Rhea County Community Center and the City of Dayton from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.

2. Medical treatment cost are covered by:

Insurance Company: _____

Child's Physician/Clinic: _____

Signature of Parent/Guardian: _____ Date: _____

_____ Rc3 MEMBER: \$50

_____ NON-MEMBER: \$75

OFFICE USE:

TOTAL PAID: _____ PYMT TYPE: _____ EMPLOYEE INITIALS: _____ DATE: _____