

**GUEST Child Waiver / Contact form 1 per child under age 18**

**PLEASE PRINT CLEARLY**

**Guest's Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_  
LAST FIRST

**Member's Name** \_\_\_\_\_ **Age (if age 14 - 17)** \_\_\_\_\_ **MEMBER #** \_\_\_\_\_  
LAST FIRST

I certify that the above Member is responsible for my child, and that my child is in good physical health, is able to swim, will follow appropriate rules, and can participate in all of the Fallston Club activities. If I/We cannot be reached in the event of illness, injury, or medical emergency, I/We hereby grant the staff and physicians full power and give consent for any and all emergency medical care including hospitalization and surgery deemed necessary for the health and well-being of my child. I/We also understand that the Fallston Club does not provide medical insurance; therefore I/We are responsible for any and all costs of my child's medical expenses.

I/We, the undersigned, for ourselves, our heir executors and administrators, waive release and forever discharge the Fallston Club and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur while at the Fallston Club. I have read the above and agree to abide by the terms of this policy.

\_\_\_\_\_  
**(Print name of Parent/Guardian of guest)**                      **(Signature of Parent/Guardian of guest)**                      **(Date)**

**Phone of Parent/Guardian** \_\_\_\_\_ **Email Address** \_\_\_\_\_