



Athlete's Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Medical Insurance Information:**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

We hereby grant consent to any & all health care providers designated by LCRAC to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and Transportation to/from health care providers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver and Release (Please Read Carefully)**

In signing up and participating in the Lexington County Recreation & Aging Commission programs, I/my child are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which I/my child might sustain as a result of participating in any and all activities, including transportation services, where provided.

I/my child acknowledge that there are certain risks of physical injury to participants in this program and I/my child voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I/my child further agree to waive and relinquish all claims against the Lexington County Recreation & Aging Commission, its officials, agents, volunteers, sponsors and employees that I /my child may have as a result of participating in this program.

I/my child understand that photographs of my child's participation in this program may be used by the Lexington County Recreation & Aging Commission to promote its events and facilities. I/my child understand these photos may be taken without my receiving compensation and without my granting additional approval.

Parent. Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Lexington County Recreation & Aging Commission

### WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

#### **ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of Lexington County Recreation & Aging Commission and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lexington County Recreation & Aging Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

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

#### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities.

I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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

# Lexington County Recreation & Aging Commission

## Athlete & Parent/Legal Guardian Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask a staff member to explain it to you.*

*\*This form must be completed for each athlete, even if there are multiple athletes in each household.*

Athlete's Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

We have read the Athlete & Parent/Legal Guardian Concussion Information Sheet.

*If true, please check box.*

After reading the information sheet, I am aware of the following information:

Athlete's Initials		Parent/Legal Guardian's Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a physician to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury on the day they are injured.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the Lexington County Recreation Commission's concussion management policy.	
	I have read and received the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Please return this completed form to the Lexington County Recreation & Aging Commission, Athletic Department, 563 S. Lake Drive, Lexington, S.C. 29072**