

"Everyone Plays of Anderson County"

Child's Name: _____ Application Date: _____

Activity Requested: _____

Child's Date of Birth: _____ Child's Age: _____ Child's Gender: _____

County of Residence: _____ Emergency Contact: _____

Emergency Contact Number: _____ Alternate Emergency Contract Number: _____

Does the child suffer from any known allergies: **Y or N** If yes, please specify:

Does the child suffer from any health conditions that would prevent them from participating in the selected activity and any community service project **Y or N** If yes, please specify:

Does the child take prescribed medications that would prevent them from participating in the selected activity and any community service project or that you feel we should be aware of? **Y or N**

In consideration of permission to participate in, or continue participating in, the activities and programs of Everyone Plays of Anderson County. I hereby acknowledge and agree as follows:

I understand that my participation in programs offered by Everyone Plays of Anderson County and it's Partnership Activities is purely voluntary. At all times I will choose my dependent's level of participation in any activity. Furthermore, I agree that I and my dependent must comply with the requests, directions, and instructions of the individuals offering the programs and my failure to do so may result I and my dependents removal from that activity. I agree that I and my dependent will use and wear the appropriate safety equipment recommended by the activity that one of us may be participating in.



I recognize that my and my dependents participation in activities through Everyone Plays of Anderson County comes with some risk of bodily injury. I accept those risks with the full knowledge of the dangers involved (including but not limited to: increased heart rate, strained or sprained muscles, fractured bones, partial or complete paralysis, and any possibility of serious injury), and hereby certify that I know of no physical or medical problems that would increase my dependents risk of illness or injury, as a reslut of participating in an Everyone Plays of Anderson County partnership activity.

In the event of an injury or sudden illness, I consent to the administration of first aid and resuscitative measures performed on the behalf of my dependent by qualified personnel. I assume full responsibility for all medical expenses incurred as a result of injuries suffered by my dependent's participation in an Everyone Plays of Anderson County partnership activity.

I hereby release and discharge Everyone Plays of Anderson County, its agents, employees, representatives, Individual and Commercial Financial Partners, related entities and Partnership Activities, and all others from any and all liability, responsibility, loss, damage, costs, claims, and causes of action arising out of or specifically including, but not limited to, any and all liability, responsibility, loss, damage, costs, claims and/or action that arise from or are caused by the negligence or fault of Everyone Plays of Anderson County, its agents, employees, representatives, Individual and Commercial Financial Parters, related entities, Partnership Activities or other participants in the Everyone Plays of Anderson County program.

I have read the entire Consent and Release Agreement and accept the conditions stated herein on behalf of my dependent for my dependent's participation in programs conducted by or through Everyone Plays of Anderson County.

Publicity Release:

I grant Everyone Plays of Anderson County and person acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my dependent for use in materials they may create. I release the corporation (photographers, employees, members, and agents) from all debt claims and/or liabilities of an kind whatsoever arising out of my or my dependent's appearance in the presentation, the making, or the use of such films or recordings. I hearby waive my right to inspect the finished product that may be used in connection herewith.

_____ I prefer that this participant not have his/her picture taken.
 Initial _____

Parent/Guardian Name: _____ Application Date: _____

Parent/Guardian Address: _____
 Street City State Zip

Phone Number: _____ Email Address: _____

Parent/Guardian Signature: _____ Date: _____

We would like to keep in touch with you! Please give us your address so that we can keep you up to date on future programs and events at Everyone Plays of Anderson County. We promise not to bombard your inbox or fill your mailbox with junk. This information will be used for in house purposes only; Everyone Plays of Anderson County will not sell or distribute your name or address to any other organization or individuals.