

## Lake Park Recreation Association

### Assumption of Risk and Medical Permission and Release

It is understood and acknowledged that injury may be sustained because of the potentially hazardous nature of club activities. I freely, knowingly, and willingly accept and assume risk of injury that might occur from participation in activities at the Lake Park Swim Club. In the event of such injury to myself or my child, I hereby give permission and consent for treatment deemed necessary for a condition arising during participation in related activities, including medical treatment recommended by a medical doctor. I agree to take responsibility for payment of the usual charge for such treatment. I release the Lake Park Recreation Association and Lake Park Swim Club, its employees, agents, volunteers and assignees from any and all injuries, illnesses, and damages sustained as a result of participation in activities held at the Lake Park Swim Club. This release applies to any present or future injuries and it binds my heirs, executors, and administrators.

I have read this release and all its terms. I voluntarily acknowledge its significance.

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Signature

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Date