RC3
232 4th Ave.
Dayton, TN 37321

SPARK
AFTER-SCHOOL PROGRAM

MONDAYS AND WEDNESDAYS JANUARY 8. - MAY 8.
1ST - 8TH GRADE ~ 3:00PM - 5PM

For more information contact: 423-775-0821

Child's Name: _____Parent/Guardian Name: _____
Grade: _____ Birthdate: _____ Date: _____
Address: _____
City:_____ State:_____ Zip: _____
Parent's Phone Number: _____
Emergency Contact Number: _____
ALLERGIES: _____
_____
Additional info you would like to share:
_____
_____
_____

Release

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Rhea County Community Center (Rc3) and the City of Dayton, it's agents, volunteers, employees, and insurers from any and all claims, demands, causes of action, damages or suits at law of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, in any way related to my child's presence or involvement at the facility. This waiver and release is intended to and does release Rc3 and City of Dayton from any and all liability for damages or injuries on account of or in any way related to my negligence, negligence of third parties and my child's negligence. This is not intended to release Rc3 from any liability resulting from their intentional conduct.
2. I understand that Rc3 is not responsible for any lost, stolen, or damaged valuables or property.
3. I hereby grant 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.
4. The undersigned hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, (CD) and recognize that exposure to the COVID-19 virus, or other (CD), could occur while my child is participating in Rc3 programs. As such, the undersigned, for myself and my minor children, fully assume risks associated with participation in the program, including the possibility of COVID-19 community spread. I certify that my child is in good health and is able to participate in all activities. If attention is required for illness or injury, I give permission to staff 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: _____

United Way