

WAIVER

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

MY SIGNATURE CONVEYS

- I authorize the LRAC to draft my program fee;
- I understand and agree to the book return policy;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement or coercion;
- I give my permission for the club to contact me via email with club news and programming information; and
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed.

Participant's Name: _____

Parent's/Guardian's Signature: _____ Date:_____

LEARN

TO SAVE. CERTIFY NOW.



PARTICIPANT INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female

LRAC member LRRC member NLRAC member DAC member Non-member

Participant's Email: _____

Mother's name: _____ Father's name: _____

Street address: _____ City: _____ State: _____ Zip: _____

Mother's phone: _____ Father's phone: _____

MEDICAL INFORMATION

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

Person to contact in case of emergency if parents cannot be reached: _____

Phone(s): _____ Relationship to child: _____

Doctor's name: _____ Phone number: _____

Emergency room of choice: _____

PAYMENT INFORMATION

Person responsible for payment: _____

Responsible party's address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____ Email address: _____

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRAC/LRRC/NLRAC club account option (for members only/account must be current)

Name of member to be charged: _____

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: _____

Credit card number: _____ Expiration date: _____ CCV number: _____

After reviewing the information, select your date and sign the waiver on the back.



FULL LIFEGUARD CERTIFICATION

The LRAC's full lifeguard certification course is a blended learning experience. As such, it combines online learning with on-site sessions where you will practice skills and demonstrate competency. Please understand due to the serious nature of this class, there will be no exceptions on either age (you must be 15 years old) or class attendance (none may be missed). Participants will be required to pass a 300 yard swim test (demonstrating a minimum of 100 yards freestyle and 100 yards breaststroke) and a timed retrieval test.

Online Portion

After we have processed your registration, we will email you a link for the online portion. **Students MUST complete the online portion of the course before on-site training begins.** To confirm completion, students should print the "Online Completion Report" available on the Main Menu Page and bring it the first day of the course.

Book Loan

All students in the full lifeguard certification course will be given a book to use during the course. The book must be returned before the final exam. If the student fails to return the book or if the book is damaged, we will charge the payment source provided at registration with a \$35 book replacement fee.

Class Times and Locations

Thursday: 4:00 - 10:00 pm (LRAC)

Friday: 4:00 - 10:00 pm (LRAC)

Saturday: 8:00 am - 4:00 pm (LRRC - 1 Huntington Road; Little Rock, AR 72227)

Fee: \$300 (A non-refundable deposit of \$100 is due at the time of registration.)
(A minimum of 3 students MUST be enrolled for the class to be held.)

LIFEGUARD RECERTIFICATION

This course is only available to students who have completed the full course and their certification expiration date is within 30 days of the course.

Class Times and Location

Saturday: 8:00 am - 5:00 pm (LRRC - 1 Huntington Road; Little Rock, AR 72227)

Fee: \$175 (A non-refundable deposit of \$100 is due at the time of registration.)
(A minimum of 3 students MUST be enrolled for the class to be held.)

COURSE SELECTION

Please select one of the following for on-site skills training.

Lifeguard Certification Sessions

February 25 - 27

March 18 - 20

April 8 - 10

April 22 - 24

May 6 - 8

May 13 - 15

Lifeguard Recertification Sessions

April 17

May 18

May 20

