

**WESTERN CAROLINA PACESETTERS, INC.**  
**1920 Carter Cove Road Warne, North Carolina 28909**

**Participant Agreement, Indemnification & Acknowledgement of Risk for Minors**  
**Must be completed by legal guardian for participants under the age of 18**

I acknowledge that my child's participation in WESTERN CAROLINA PACESETTERS, Inc. program and activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of \_\_\_\_\_ (print Minor's full legal name), being permitted by WESTERN CAROLINA PACESETTERS, INC. (hereinafter collectively referred to as Pacesetters) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Pacesetters, its staff, and Board of Directors from any and all claims, demands, or causes of action which are brought by myself, the Minor, or on behalf of the Minor against Pacesetters, and which are any way connected with such use or participation by Minor.

I hereby represent that the Minor is in good health, that there are no special problems associated with the care of the Minor, and that I have adequately informed (see below) Pacesetter personnel of any special instructions regarding the Minor. I certify that I have adequate insurance to cover any injury or damage the Minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Pacesetter personnel to call for medical care for the Minor or to transport the Minor to a medical facility or hospital if, in the opinion of such personnel, such medical attention is needed by the Minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the Minor, in their professional opinion. I agree that once the Minor is in the care of medical personnel or a medical facility, Pacesetters shall have no further responsibility for the Minor and I agree to pay all costs associated with such medical care and transportation.

**Minor's Legal Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Relationship to Minor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

If we are unable to reach you, who should be contacted in case of emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name (Minor): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female \_\_\_\_\_

Please rate your student's swimming ability(circle one):      Advanced      Intermediate      Beginner      Non-swimmer

Please list all of the Minor's allergies & medications: \_\_\_\_\_

**List any pre-existing medical Problems and date of last episode:**

Back \_\_\_\_\_ Heart \_\_\_\_\_ Shoulders \_\_\_\_\_ Dizzy Spells \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergies \_\_\_\_\_

Breathing Difficulties \_\_\_\_\_ History of fatigue/exhaustion \_\_\_\_\_ Other (explain) \_\_\_\_\_

Has student ever had any adverse allergic reaction to bee or wasps stings?    YES \_\_\_\_\_    NO \_\_\_\_\_

**IMPORTANT: If your child is allergic to stings, please obtain a sting kit or Epi-Pen as prescribed by a doctor. It should be carried on outings, and turned in to staff.**

If medication is to be given to your student for any reason, please fill out the following:

Type of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times given \_\_\_\_\_ Reason \_\_\_\_\_

**ALL MEDICATIONS SHOULD BE ENTRUSTED TO PACESETTER STAFF WHO WILL DISPENSE IT TO YOUR STUDENT**

The following may be given to my student by Pacesetter staff if deemed necessary to relieve minor pain:

Tylenol	Yes _____	No _____
Benadryl	Yes _____	No _____
Ibuprofen	Yes _____	No _____
Antacid for indigestion	Yes _____	No _____
Cough drops or throat lozenges	Yes _____	No _____

NO MEDICATIONS SHOULD BE GIVEN DUE TO MY CONVICTIONS \_\_\_\_\_ (sign & date)