



Child Consent and Covenant Not to Sue/Permission to Photograph

ALL FIELDS REQUIRED

I hereby request that a child under the age of eighteen (18) years be allowed to accompany me and use the facilities of the Bradley Wellness Center. I understand that child care services are available for children 6 months to 5 years of age in Kids Korner and children 6 to 11 years of age in KidZone.

For and in consideration of the receipt of the above mentioned child care services, I do hereby forever expressly release indemnify and hold harmless Bradley Wellness Center, Hamilton Health Care System, Inc., Hamilton Medical Center, Inc., and their respective agents, servants, and affiliates of any and all claims, demands, rights, and causes of action of whatsoever kind of nature arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property and the consequences there of resulting from said child care services or privileges.

I further agree and understand that all activities, exercise, and use of equipment and facilities shall be undertaken by this minor child at his or her sole risk and I further understand and agree that all persons are encouraged to have a physical examination by a doctor prior to beginning any programs of strenuous new activity.

I do hereby further covenant with Bradley Wellness Center, Hamilton Health Care System, Inc, and Hamilton Medical Center Inc., that I and my heirs, executors, assigns and transferees, will never at any future time sue and of said entities for or on account of any claim or damages arising out of said child care services or the privilege of allowing my minor child to utilize the facilities of Bradley Wellness Center.

The undersigned hereby gives permission to Hamilton Health Care System, Inc., and its Affiliates to use the undersigned's and the undersigned's minor child(ren)'s voices, quotes and physical likenesses for promotional and marketing purposes, including, but not limited to, televised broadcast, radio broadcast, audio/video recording, internet placement, intranet placement, news story, marketing materials, or print advertising. The undersigned waives any rights, claims or interests the undersigned may have in controlling the use of the identity or likeness of the undersigned or the undersigned's minor child(ren) in the photographs, broadcasts, or audio or video recordings and the undersigned agrees that any uses described herein may be made without compensation.

This _____ day of _____, _____.

(CIRCLE) - MEMBER OR NON-MEMBER

Child Name _____ Male/Female DOB _____

Child Name _____ Male/Female DOB _____

Child Name _____ Male/Female DOB _____

Child Name _____ Male/Female DOB _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ Email _____

Allergies/Needs _____ Other Person(s) with permission to pick up child _____

Printed name of Parent or Guardian

RELATIONSHIP

Signature of Parent or Guardian

Signature of Witness