

Please complete both sides

KidTown Membership Request and Health History Form

Date _____

Child's Name		Gender M / F (circle one)		
Date of Birth	Age	Home Phone		
Address		City	State	Zip
Child lives with (circle one) Both Parents / Mother / Father / Guardian (specify relationship) _____				
Physician/Medical Provider Name			Phone	
Parent/Guardian Member's Name				

- Does your child have any medical conditions or taking medication of which we should be aware? (Allergies, asthma, diabetes, etc.) **Please be specific** _____

- Does your child have any activity limitations of which we should be aware?

- Please list individuals with permission to pick up child from KidTown

- Please list individuals NOT permitted to pick up child from KidTown

- Please list any additional information that we should be aware of regarding your child

Continued on the next page

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I hereby give written permission as parent/guardian for the child or children named above (The "minor(s)") to utilize the facilities and equipment located at Mercy HealthPlex and to participate in activities designed and provided for children participating in the Mercy HealthPlex programs.

WAIVER AND RELEASE - communicable disease that may range in severity from minor to catastrophic and that it is impossible for Mercy HealthPlex to eliminate the risk. I further acknowledge that my child's attendance at or use of the Mercy HealthPlex facility, including without limitation my child's participation in any of Mercy HealthPlex programs or activities and my child's use of the toys, equipment and facilities, and any transportation which may be provided by Mercy HealthPlex, could cause injury or transmission of communicable disease, which may result from or arise out of my child's attendance at or the use of the facility, toys or its equipment, activities, or transportation: and I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge Power Wellness Management, LLC, Mercy HealthPlex, their affiliates and all of their respective officers, trustees, employees, agents, successors, and assigns, and each of them (collectively, the "Releasees"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at or use of the Mercy HealthPlex facility, or its equipment, toys, activities or transportation. Further, I hereby agree to waive any and all such claims, damages, demands, rights or action or causes of action. In addition, I hereby agree to release and forever discharge the Releasees from any and all liability for any loss or theft, or damage to personal property.

I acknowledge that by signing this document, I am assuming risks, and agreeing to indemnify, not sue and release from liability Power Wellness Management, LLC, Mercy HealthPlex, their affiliates and all of their respective officers, trustees, employees, agents, successors, and assigns, and each of them, from all claims that may be brought against them. If any provision, or portion thereof, of this Agreement is, or becomes, invalid under any applicable statute, court ruling, or rule of law, it is to be deemed stricken and the rest of this Agreement shall remain in full force and effect. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of any and all liability.

Signature _____ Date _____
Parent / Guardian

EMERGENCY AUTHORIZATION

In case of accident or injury, I hereby grant permission for emergency treatment and transportation of my child and release of any records regarding their needs. In addition, I authorize Mercy HealthPlex employees to contact and release my child to the following individual(s) other than the person stated above for emergency purposes only.

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

I have received a copy of the KidTown Policies and Parent Guide.

FEES PAID TODAY

\$ _____ cash check credit/debit house charge (circle one)

Member Signature _____ Date _____

Membership Representative _____ Date _____