



Mercy HealthPlex
513-942-7539
mercyhealthplex.com

KidTown Alternate Adult Authorization Waiver

FOR PARENTS TO COMPLETE

I, _____, give permission for _____ to accompany and be responsible for my child(ren) _____ while at **Mercy HealthPlex** (the "Center"). I acknowledge and agree that the assumption of risk, waiver, release of liability for minors, and indemnification as signed on my membership agreement and guest registration forms are incorporated herein by this reference and that they remain in full effect. I understand that participation in **KidTown** is a special privilege outside standard Center policy.

Signature _____ Date _____
Parent / Guardian

Signature _____ Date _____
Parent / Guardian

FOR ALTERNATE ADULT TO COMPLETE

I, _____, accept the responsibility to accompany and supervise _____ while at **Mercy HealthPlex**. I acknowledge and agree that the assumption of risk, waiver, release of liability for minors, and indemnification as signed on my membership agreement and guest registration forms are incorporated herein by this reference and that they remain in full effect. I understand that participation in **KidTown** is a special privilege outside standard Center policy.

Signature _____ Relationship to Minor _____ Date _____
Alternate Adult