



Mercy HealthPlex
513-942-7539
mercyhealthplex.com

KidTown Special Programming Youth Consent and Conduct Form

The Mercy HealthPlex (the "Center") periodically hosts "Parents Night Out" or related events during which members are permitted to drop off their children ranging from "potty trained" to twelve years old at the Center. The parent and/or legal guardian is permitted to leave the Center during the defined hours for the specific program. In order to participate in the Parents Night Out or similar programs, it is necessary that the member parent and/or member legal guardian sign a separate youth consent and conduct form as a condition to the child(ren)'s participation.

The Center reserves the right to stop participation in the program based on improper conduct or behavior which might interfere with another participant's enjoyment of the program. Improper behavior, misuse of equipment, or violation of facility rules may result in the removal of the opportunity to participate in future programs.

INDEPENDENT USAGE AGREEMENT

I, the undersigned parent/legal guardian (printed name) _____, exercising my own free choice, give my consent for my child to participate voluntarily in the above-named activities. I acknowledge that participation in exercise programs, by their nature, includes a risk of injury that may range in severity from minor to catastrophic and that it is impossible for the Center to eliminate the risk. In consideration for the Center allowing my child to use the Center, I hereby release and discharge, indemnify and hold harmless the Center, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's participation in and/or presence at the Center. I acknowledge that I have been informed of hazards and risks which may be associated with my child's participation in the above-named activities; I understand, accept, and assume those hazards and risks, and waive all claims against the Center and other entities or persons set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child's participation in normal or unusual acts associated with the above-named activities.

I give my consent to the Center to obtain medical care and to disclose protected health information relating to my child, if necessary, in accordance with my consent to Medical Care and Discharge of Protected Health Information executed contemporaneously with this Waiver.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

Read and acknowledged this day of _____, _____.

I, (printed name) _____, am the parent or legal guardian of the participant/s
(insert name(s) here) _____

I have read and understand the provisions of this document. I consent to my child participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Youth Member Name _____ Signature _____ Date _____
Print Full Name

Parent / Guardian _____ Signature _____ Date _____
Print Full Name

Center Representative _____ Signature _____ Date _____