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Parental/guardian consent form and liability waiver for participation in Marianjoy's Continuing Care Classes for children

Identity of minor (print name) _____

Identity of legally responsible party/consent to participation. This document is executed by (print name)

_____, who hereby represents that they are the (relationship to the child)

_____, of/for the minor. They represent that they have the authority on behalf of the child to consent to the participation of the child in Marianjoy's Continuing Care Classes, which consent they hereby grant.

Marianjoy's Continuing Care Classes. The responsible party executing this agreement understands, recognizes and acknowledges that there are certain risks of physical injury to participants and voluntarily agrees to assume the full risk of any and all injuries, damages or loss, regardless of severity that the minor child may sustain as a result of said participation. The responsible party executing this form is cautioned to carefully evaluate the circumstances in which the child will find themselves during said participation.

Consent to Emergency Medical Care. The responsible party hereby grants to Marianjoy Rehabilitation Hospital and Clinic consent for the reasonable emergency medical care for the minor child in the unlikely event that the same is necessary while in the care of Marianjoy Rehabilitation Hospital and Clinic.

Waiver and Indemnity Agreement. As parent and/or legal guardian, I acknowledge and accept that I remain legally responsible for any actions taken by the above-named minor. On behalf of myself and/or the minor and my/our heirs, executors, and assigns, I fully waive, release and forever discharge Marianjoy Rehabilitation Hospital and Clinic and its respective affiliates, parents, subsidiaries, officers, directors, employees, agents, successors and assigns from any and all liabilities, claims, damages, demands, rights of action, and causes of action, known or unknown, anticipated or unanticipated, arising out of or relating to attendance at, or participation in the Continuing Care Classes. On behalf of myself and/or the above minor, I understand and acknowledge that this waiver and release of any and all liability begins on the date of my signature below and will remain in full force and effect until I revoke it in writing. My signature below verifies that I have read, understand and agree to this waiver and release of any and all liability.

CAUTION: READ BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

I acknowledge that I have carefully read this consent and waiver, and fully understand that it is a waiver of liability.

Name (please print) _____

Date _____

Signature _____

Please bring completed waiver to your child's first scheduled class.