

Guest Waiver & Release for Minors

Program Participant: _____
Parent Name: _____ Home Phone: (____) _____
Street Address: _____ Cell Phone: (____) _____
City: _____
State: _____ Zip Code: _____ Email: _____

Program Name / Dates of Program

(Sports Camp, Scouts, Swim Program, etc)

RELEASE

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 Northwestern Medicine Delnor Health & Fitness Center (DHFC) and to participate in activities designed and provided for children participating in the program named above.

WAIVER AND RELEASE - You acknowledge that your child's attendance at or use of DHFC facility, including without limitation your child's participation in any of DHFC programs or activities and your child's use of DHFC equipment and facilities, and any transportation which may be provided by DHFC, could cause injury, which may result from or arise out of your child's attendance at or the use of DHFC facility or its equipment, activities, or transportation: and you agree, on behalf of yourself and your heirs, executors, administrators, and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge DHFC, its 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 your child's attendance at or use of DHFC facility, or its equipment, activities or transportation. Further, you hereby agree to waive any and all such claims, damages, demands, rights or action or causes of action. In addition, you hereby agree to release and forever discharge the Releasees from any and all liability for any loss or theft, or damage to personal property. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a waiver and release of any and all liability.

Participant Name: _____ Date: _____

Legal Guardian Signature: _____ Relationship to Minor: _____

Center Representative: _____