

MINOR EMERGENCY FORM & PARTICIPATION WAIVER

Today's Date

Child's Name

Age

Address

City

State

Zip Code

Birth Date

Gender

Male

Female

Parent/Guardian

Phone

Evening Phone

Cell Phone

E-mail Address

Which is the best number to reach you during the program.

Parent/Guardian must remain onsite for all programs excluding Kids Camp.

Phone

Evening Phone

Cell Phone

Emergency Contact

Relationship to Child

Phone

Cell Phone

Transportation Arrangement

Name

Relationship

Phone/Cell Phone

1

2

3

Written notification by parents or guardian MUST be given for pick-up by someone other than persons listed. **They will need to provide photo identification for the child to be released.** Please let us know in advance if there are any issues regarding pick-up/drop-off of which we should be aware (custody disputes, etc.)

MEDICAL

Medical Insurance Company

Medical Insurance ID #

Physician Name

Physician Phone

Allergies *If you checked yes, please list information below.*

Yes No

Allergy

Symptoms/Management

1

2

3

Medication

If yes, is your child is allowed to self-medicate? (Inhaler, Epi-pen, etc.)

Yes No Yes No

Other Medical Considerations

Medical information is only used in case of emergency, so that emergency responders have full information on your child's health.

Please list any other information that may be helpful to staff. (i.e., special needs, fears, behaviors, etc. and appropriate response)

Please call me prior to the start of the program to discuss my child's needs, likes, dislikes or apprehensions.

Yes No

LIABILITY WAIVER & INFORMED CONSENT

With respect to my participation in the program at the Wilfred R. Cameron Wellness Center ("CWC"), being managed by MediFit Community Health Services LLC ("MediFit"), I understand that there may be health risks associated with activities requiring physical exertion, including but not limited to transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or death.

I certify that my child is capable of performing physical exercise and acknowledge that he/she is voluntarily participating in an exercise activity offered by the CWC, and using equipment with knowledge of the dangers involved. I understand that I, as the parent/legal guardian, will be fully responsible for complying with any restrictions prescribed for my child by his/her personal physician. I will review any physician-prescribed personal wellness program with my child's physician prior to my child commencing exercise and will periodically review the status and program with my physician.

If your child experiences dizziness, fainting, nausea, muscle cramping or any other symptoms while exercising, he/she should discontinue the activity, notify the instructor, and consult his/her physician.

In consideration for my child being allowed to participate in the program, I hereby agree to assume all risk of such exercise, and further agree to hold harmless MediFit, CWC, their respective subsidiaries, and their respective directors, officers, employees, agents, contractors, and sponsors; and, other participants from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims, that may result from any injury or death, accidental or otherwise, during, or arising in any way from the CWC, except where such claims arise out of negligence or intentional acts of MediFit.

By using the facilities of CWC, you expressly agree that CWC, their respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees shall not be liable for any damages arising from personal injuries sustained by your child in, on, or about the facilities, or as a result of his/her use of the facilities and the equipment therein. This includes the indoor wellness center, the aerobics facility and any exercise activities conducted outside the facility. By executing this agreement, you assume full responsibility for any injuries or damages that may occur to your child in, on, or outside the facilities and further agrees that CWC, its respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees shall not be liable for any loss or theft of personal property. In assuming full responsibility for the risk of injuries, damages, or losses that may occur to your child in, on, or outside the facilities, you hereby fully and forever release and discharge CWC, their respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees, from any and all claims, demands, damages, rights of action, or cause of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of your child's use or intended use of the said facilities and equipment thereof, including but not limited to any claim for negligence alleged against CWC, their respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees.

This informed Consent and Release of Liability shall be binding upon my heirs, spouse, or other next of kin, executor, administrators and assignees.

1. I know of no medical reason that would prevent my child from participating safely in the programs at the CWC. I hereby assume the risk of injury to my child and hereby release, discharge and indemnify the Center and those associated with it from any and all claims for injury or damages arising from my child's participation in the program.

PARENT/GUARDIAN CONSENT & AGREEMENT FOR EMERGENCIES

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I hereby authorize the Wilfred R. Cameron Wellness Center to seek emergency medical assistance for my child named in the application if I, the parent/guardian or emergency contact cannot be contacted. I give consent for the emergency contact person listed above to act on my behalf until I am available. I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least every twelve months. I HAVE FULLY READ, UNDERSTAND, AND AGREE TO THE FOREGOING.

Signature of Parent/Guardian

Date

Printed Name

CODE OF CONDUCT

- 1. Participants will treat their fellow friends, Cameron team members, assistants and volunteers with respect.
- 2. Participants will follow directions. Please read and discuss these expectations with your child. In the event that a child does not follow the Code of Conduct, or his/ her behavior endangers other children or interferes with a program instructor’s or assistant’s ability to provide instruction, services or care, the assistant will inform the parent at pick-up or through a phone call. If a second incident occurs, parents may be asked to withdraw their child. You will be provided with an Incident Report of any serious violation of the Code of Conduct. Refunds will not be given for behavior-related withdrawals.

I have read and discussed this Code of Conduct with my child. (Please check.)

PHOTO & VIDEO RELEASE

We cordially ask you to give us permission to use your child’s picture (taken in action during lessons, classes, camp and events) for promotional purposes!

I hereby grant Washington Health System permission to use my photograph(s) with or without my likeness in the photograph(s) of me or the minor named below on whose behalf I am signing, whether through photograph(s), digital camera and/or video (collectively, the “Materials”), in any and all of its publications, including, without limitation, websites, advertisements, promotional materials, social media outlets (e.g., Facebook®, LinkedIn, etc.), brochures or other publications of any kind or nature whatsoever, without payment or any other consideration. Further, I hereby waive any rights of compensation or ownership thereto, whether now or in the future. I understand and agree that these Materials will become the property of Washington Health System, and will not be returned.

I hereby irrevocably authorize Washington Health System to edit, alter, copy, exhibit, publish or distribute the Materials for purposes of marketing and publicity or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I wave any right to royalties or other compensation arising or related to the use of the Materials.

I hereby hold harmless and release and forever discharge Washington Health System, and each of their respective affiliates, contractors, agents and sponsors from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this Photo/Video Release.

I hereby certify that I am the parent and/or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature of Parent/Guardian

Date

Printed Name

HOW DID YOU HEAR ABOUT US?

- Billboard
- Washington Health System
- Family/Friends
- Member
- Corporation
- Newspaper, Observer-Reporter
- Website
- Direct Mail
- Former Member
- Other