

**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 he or she is the (relationship to the child) \_\_\_\_\_ of/for the minor. He or she represents 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 my 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 his or herself 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 remain legally responsible for any actions taken by the above named minor. I agree on behalf of myself and the minor child named above, or our heirs, successors, and assigns, to hold harmless and defend Marianjoy Rehabilitation Hospital and Clinic, its officers, directors, employees, agents, and representatives associated with the minor's participation in the Continuing Care Classes, from any claim arising from or in connection with the minor named above.

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

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

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

If registering via fax or online, I understand that my facsimile or electronic signature shall substitute for and have the same legal effects as an original form signature.