PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
FOR PARTICIPATION IN MARIANJOY’S
CONTINUING CARE CLASSES FOR CHILDREN

Identity of Minor. __________________________________________ (PRINT NAME.)

Identity of Party Legally Responsible for Consent of Child’s 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 for which they
hereby grant consent to participate in Marianjoy’s Continuing Care Classes.

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 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 him or herself during said participation.

Consent to Emergency Medical Care. The responsible party hereby grants to Marianjoy
Rehabilitation Hospital and Clinic for reasonable emergency medical care for aforementioned minor in the
unlikely event that it 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 sending 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.