



FOCUS ON KIDS TOO, INC.

Pediatric Rehabilitation and Education Centre

425 Huehl Road, Building 14A, Northbrook, IL 60062 (847) 412-9772 Fax (847) 412-9773

General Release and Waiver of Liability and Hold Harmless Agreement

Please Read Carefully. This is a Release of Legal Rights

Name of Minor Participant _____ Date of Birth _____

In consideration of being allowed to participate in any way in Focus on Kids Too, Inc. activities, I, the parents(s) and/or legal guardians(s) of the minor named above **agree to assume all risk of any kind of injury or damage my child may receive or sustain as a result of participation, including property loss, property damage, personal injury or death.**

Child must stay inside the center at Focus on Kids Too, Inc. building 14A at all times. Those whose conduct or influence creates safety or discipline problems will be asked to leave and referred to another provider. Please do not bring electronic games, toys or other distractions.

I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, FOR MYSELF, THE ABOVE NAMED MINOR AND OUR HEIRS, FOCUS ON KIDS TOO, INC., THEIR TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with the presence or participation of the minor in my charge, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

AUTHORIZATION FOR MEDICAL SERVICES

I/We, parent(s)/guardian(s) of _____ (name of child/ward), hereby designate Focus on Kids Too, Inc. to act in my behalf to authorize such hospitalization, medical attention, and/or surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in Focus on Kids Too therapeutic activities. I/We hereby assume financial responsibility for hospitalization, medical attention, transportation, and surgery provided. I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services.

Name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____