

Open Gym Participant Agreement – Minor Guests

To participate in the Bethany Children's Health Center Open Gym Program ("Program"), an individual must:

- Follow all building, Hospital and security rules and regulations and staff directives while on Bethany Children's Health Center premises.
- Be supervised at all times by a parent/guardian while in the Adapted Recreation and Fine Arts Complex.
- A Bethany Children's Health Center staff member must be present at all times while you are in the Adapted Recreation and Fine Arts Complex.
- Remain in the designated areas established by the Hospital.

Guest Information

Participant(s) is a guest of (patient name):	Area of service (inpatient, outpatient, community)
Minor #1 Name:	Date of Birth:
Minor #2 Name:	Date of Birth:
Minor #3 Name:	Date of Birth:
Minor #4 Name:	Date of Birth:
Parent/Guardian Name:	Phone:
Street Address:	City:
Email:	

Prohibited Conduct

- Alcohol, tobacco, vapes, illicit drugs, and the like, are prohibited on the Hospital campus.
- Foul, obscene, or profane language and conduct is prohibited. This includes, but is not limited to abusive jokes, insults, slurs, threats, name calling, intimidation, and behavior that is of a sexual nature.

Bethany Children's Health Center reserves the unilateral right to end the Program, terminate your participation in the Program, and/or prohibit your access to the Hospital's campus at any time.

The Children's Center, Inc. d/b/a Bethany Children's Health Center ("Hospital") gathers information from Guests to help us do a better job. While your personally identifiable information is always confidential, at times we may share group information about our participants' progress and experiences to promote participation and identify additional opportunities for children with disabilities.

MINOR GUEST(S) AND PARENT/GUARDIAN CONSENTS & WAIVERS

Photo, Video, Image and Marketing Release

By participating in the Program, I understand and hereby give my consent to participate in interviews, the use of quotes, and the taking and recording of photographs, movies or videos ("Content") of Minor Guest(s) and/or myself, all of which may be released to the general public. Minor Guest(s) and Parent/Guardian do hereby authorize the Hospital, its assigns and transferees to copyright, use and publish such materials of Minor Guest(s) and me, for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content. Neither Minor Guest(s) nor I, will have any ownership rights in the interviews, photographs, videos, or images, and will not have any control over the Content, its release, or usage. The Hospital may edit, use and reuse this content for an indefinite period of time. Neither Minor Guest(s) nor I, will demand or receive any form of compensation, payment, royalty, or other remuneration from the Hospital or it's assigns for the use or publication of any of the Content.

Fitness for Participation

Minor Guest(s) and Parent/Guardian acknowledge that participation in the Program, includes risks inherent to playing sports such as baseball/basketball/pickleball and requires good health and fitness and can be HAZARDOUS AND PRESENT A DANGER to Participant. Minor Guest(s) and Parent/Guardian believe and represent that Minor Guest(s) is/are qualified to participate in the Program and that if at any time Minor Guest(s) and Parent/Guardian believe the conditions of the Program to be unsafe, Minor Guest(s) will immediately discontinue further participation in the Program.

Acknowledgment of Risks

Minor Guest(s) and Parent/Guardian have reviewed the Program, the physical environmental conditions under which the Program will be conducted and acknowledge that they are familiar with the activities that Minor Guest(s) may participate in while a participant in the Program. This risks and hazards associated with participation in the Program include, without limitation, theft of personal property, unexpected and/or uninvited contact with other participants or objects, spectators, or other third parties; falls related to natural terrain, turf, and uneven surfaces; collisions, tripping hazards, missteps, and other mishaps; or flaws and defects in equipment; exposure to infectious, pathogenic, toxic, or harmful properties of any organic pathogen, including, but not limited to bacteria, viruses, or other pathogens. Risks may be caused by Minor Guest(s)'s own action or inaction of the facilities in which the Program takes place, or where the Program activities will occur. Some risks cannot be predicted or controlled. There may be social or economic losses either not known to the Hospital, Minor Guest(s) and Parent/Guardian or are not foreseeable at this time. **Minor Guest(s) and Parent/Guardian** in the Program could be minor or severe, up to and including, death.

Assumption of Risk, Release and Waiver of Liability

Minor Guest(s) and Parent/Guardian agree to assume and accept all risks arising out of, associated with, or related to Minor Guest(s)'s participation in the Program, negligent or otherwise, to the fullest extent allowable by law. This assumption and acceptance of all risks includes, without limitation, any medical expenses that Minor Guest(s) and Parent/Guardian may incur as a result of Minor Guest(s)'s personal injury or illness.

Consent to Treat

Minor Guest(s) and Parent/Guardian permit Minor Guest(s) to receive emergency medical treatment as deemed necessary or advisable by an employee or agent of the Hospital and authorize the release of any available medical information as necessary to facilitate such treatment. Any medical expenses that Minor Guest(s) and

Parent/Guardian may incur due to personal injury or illness are Minor Guest(s) and Parent/Guardian's financial responsibility and not that of the Hospital or the Program.

Waiver and Release

Minor Guest(s) and Parent/Guardian voluntarily consent to Minor Guest(s)'s participating in the Program. In consideration of the Hospital's acceptance of Minor Guest(s)'s participation in the Program, Minor Guest(s) and Parent/Guardian, on their own behalf and on behalf of their heirs, assigns, personal representatives and next of kin agree:

- To release and forever discharge the Hospital, its directors, officers, agents, assigns, employees, and volunteers, from all liability, actions, causes of action, suits, judgments, claims and demands and forever waive any claim for damage arising from any cause whatsoever even though such liability, actions, causes of action, suits, judgments, claims and demands may have been caused by negligence.
- To provide legal defense, indemnify and hold harmless and free from liability the Hospital, its directors, officers, agents, assigns, employees and volunteers, from and against any and all claims for damages, demands, costs or expenses which Minor Guest(s) shall become obligated to pay by reason of liability imposed by law because of injury to property or injury to or death of persons suffered by reason of an act, omission or negligence of Minor Guest(s) or arising from any accident or injury in connection with or attributable to the acts of Minor Guest(s).

I have carefully read the above document and fully recognize and understand the terms, conditions and risks set forth herein. I am signing this Agreement freely and voluntarily, with the intent to be legally bound on behalf of my child(ren), my behalf and on behalf of my child(ren)'s heirs, assigns, personal representatives and next of kin, and that I intend my signature to be a complete and unconditional release of liability for any and all legal actions against the Hospital and I am giving up my right to sue the Hospital, including for claims of negligence.

By signing this registration, I indicate that I have read the above and understand and agree to the terms.

Date