



**PARENT/GUARDIAN CONSENT, WAIVER & RELEASE**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please initial each of the statements below to acknowledge your understanding and agreement.*

\_\_\_\_ I authorize and give my consent to Island Kids, Inc. and its employees, instructors, and staff members to take my child on field trips and other outings as part of my child's participation in Island Kids, Inc. programming. I understand and agree that this may involve transportation by subway, bus, or foot and that such transportation is wholly voluntary and at my child's own risk.

\_\_\_\_ I authorize and give my consent to Island Kids, Inc. and its employees, instructors, and staff members to provide first aid treatment to my child for minor injuries. In the event an emergency medical situation arises in connection with my child's participation in any class or program delivered by Island Kids, Inc., and Island Kids, Inc. is unable to contact me in a timely manner, I give my consent and authorize personnel of Island Kids, Inc. to contact emergency medical personnel. I understand that the cost of any treatment arising from an emergency described in this paragraph shall remain solely my responsibility.

\_\_\_\_ **I hereby indemnify, release and forever discharge Island Kids, Inc., the Roosevelt Island Operating Corporation, the Empire State Development Corporation, the Division of Housing and Community Renewal, the State and City of New York, Urban American, and the Roosevelt Island Residents Association, each of their respective parent(s), subsidiaries, divisions, branches, affiliates, agencies, and other offices and each of their respective successors, assigns, directors, officers, representatives, attorneys, fiduciaries, administrators, shareholders, employees, instructors, staff members, and agents**

Child's Name: \_\_\_\_\_

**(collectively, the “Releasees”) from any and every action, right of action, liability, suit, claim, and demand of whatever kind or nature, either in law or equity, known or unknown, asserted or unasserted, arising from or by reason of any loss or damage, whether caused through negligence or otherwise, arising from or in connection with my child’s participation in any class or program delivered by Island Kids, Inc., or any transportation to or from any such class or program, including without limitation any claim arising from or in connection with any first aid, treatment, or other service rendered to my child during or as a result of participation in any such class or program or any related transportation. I understand that this Consent, Waiver & Release binds not only my child and me, but also my child’s family members, heirs, legal representatives, personal representatives, next of kin, administrators, executors, and assigns and discharges the Releasees from any liability or claim such parties have or may have for bodily injury, personal injury (physical or emotional), illness, death, or property damage, other than where gross negligence is determined.**

\_\_\_\_\_ I understand that this Consent, Waiver & Release is intended to be as broad and inclusive as permitted by the laws of the State of New York and shall be governed by the laws of the State of New York, without regard to its conflict of laws principles. If any portion of this Consent, Waiver & Release is declared illegal, unenforceable, or ineffective, those parts that are not held illegal, unenforceable, or ineffective shall continue in full force and effect.

*By signing below, I acknowledge that I understand the consents, waivers, and releases in the statements above and that I agree to them. I am the parent or guardian with authority to sign this form.*

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_