



Agreement Regarding UH Kids Club and Babysitting Programs

Request for Admission of Children. I hereby request the University Hospitals Brunner Sanden Deitrick Wellness Center admit to its babysitting and/or UH Kids Club programs ("Program") the following child ("Child or Children") of the undersigned Parent or Legal Guardian"

Child's Name	Age	Parent/Guardian Name	Phone
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are risks of significant injury to use of or presence on UH pre trips, falls, collisions, thefts, ed damage including, but not limi	o the Children, mises. Unders quipment failur ted to, bumps, of the minor C	whether caused by the Children or tand and agree that these risks or i e, or other such accidents or incide bruises, sprains, torn muscles or li	DREN. I understand and agree that there is someone else, in the Program and their injury include but are not limited to, slips, ents that may result in injury, harm or igaments and broken bones. On my own oluntarily accept, and specifically assume
Department of Health's guid amount of instruction, preca injury, illness, or death brou have COVID-19, are suspect pursuant to the Department Brunner Sanden Deitrick We	elines and re aution, equipr ight on by the ed to have Co of Health or r ellness Cente	nent, personal discipline, or sup- virus. I agree that the Children v DVID-19, exhibit symptoms of CC nedical provider orders or guida	sult in exposure to COVID-19 and no ervision will totally eliminate all risk of will not participate int eh Program if they DVID-19, or are under quarantine nce. I agree to promptly notify UH to participate tin the Program due to
Children above, I agree to rele University Hospitals and its ov ("Releasees") for any and all i and their use or presence on to centers, resulting or arising from	ease and disch vners, operato njury, harms o he premises, o om COVID-19,	arge from all liability, and waive all rs, subsidiaries, affiliates, employed r damages sustained by any of the or their use of facilities, equipment,	behalf, and on behalf of each of the claims, demands and actions against, es, agents, vendors and volunteers Children in connections with the Program services, or activities within or outside its Releasees, or the negligent acts or persons on the premises.
the Children, I agree that I will policies as necessary, and wil Children are involved in an ac be responsible for making all decisions about medical care,	remain on the learned by responsible cident or incide decisions relate the administration and the results of the second by the s	premises, supervise the Children in e for their conduct at all times while ent that requires medical attention,	ISIONS. As I am the Parent/Guardian of in accordance with University Hospitals e they are on the premises. In the event the I agree that as the Parent/Guardian I will e Children including, but not limited to, ife-sustaining procedures, and
By signing this Agreement, I c terms.	ertify that I hav	ve thoroughly read, fully understand	d, and voluntarily accept and agree to its
Print Name of Parent/Guardia	n Sig	nature of Parent/Guardian	 Date